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Life-work balance and the effects on retention in the Navy Nurse Corps

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Monterey, California: Naval Postgraduate School

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NAVAL POSTGRADUATE SCHOOL

MONTEREY, CALIFORNIA

THESIS

LIFE-WORK BALANCE AND THE EFFECTS ON RETENTION IN THE NAVY NURSE CORPS

by

Rebeca S. Rodriguez

March 2017

Thesis Co-Advisors: Kathryn Aten
Marco DiRenzo

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13. ABSTRACT (maximum 200 words)

This study explores life-work balance in the Navy Nurse Corps (NC). Qualitative and quantitative analysis of 636 survey responses showed that current satisfaction with life-work balance is low in the NC. The survey sample was closely representative of the NC across gender, rank, and sub-specialty code. Responses across all categories observed a tendency toward transactional, as opposed to transformational, leadership. Respondents' concerns most frequently included staffing, childcare, non-clinical duties, and promotion. Uniformity of responses offers strong support for widespread change throughout the NC. In the interest of retention continuity across rank and sub-specialty code key recommendations include exploring flexibility in self-scheduling, career path, and assignment length. Usable data and respondent opinions offer NC leadership insight into vital policy discussions related to increasing both job satisfaction and retention within the NC. This study provides the framework for larger discussions concerning the achievement of life-work balance across other designators in the United States Navy.

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LIFE-WORK BALANCE AND THE EFFECTS ON RETENTION IN THE NAVY NURSE CORPS

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ABSTRACT

This study explores life-work balance in the Navy Nurse Corps (NC). Qualitative and quantitative analysis of 636 survey responses showed that current satisfaction with life-work balance is low in the NC. The survey sample was closely representative of the NC across gender, rank, and sub-specialty code. Responses across all categories observed a tendency toward transactional, as opposed to transformational, leadership. Respondents' concerns most frequently included staffing, childcare, non-clinical duties, and promotion. Uniformity of responses offers strong support for widespread change throughout the NC. In the interest of retention continuity across rank and sub-specialty code key recommendations include exploring flexibility in self-scheduling, career path, and assignment length. Usable data and respondent opinions offer NC leadership insight into vital policy discussions related to increasing both job satisfaction and retention within the NC. This study provides the framework for larger discussions concerning the achievement of life-work balance across other designators in the United States Navy.

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LIST OF ACRONYMS AND ABBREVIATIONS

ANA	American Nursing Association
AHLTA	Armed Forces Health Longitudinal Technology Application
BLS	Bureau of Labor Statistics
BUMED	Bureau of Medicine and Surgery
BUMIS II	Bureau of Medicine and Surgery Manpower Information System II
CAPT	captain
CIP	Career Intermission Program
CNO	chief of naval operations
DIVO	division officer
DOD	Department of Defense
DOPMA	Defense Officer Personnel Management Act
ENS	ensign
FIW	family-interference with work
FSEP	Fleet Scholar Education Program
FWC	family-work conflict
HHS	Department of Health and Human Services
JO	junior officer
LT	lieutenant
LWB	life-work balance
MECP	Medical Enlisted Commissioning Program
NAVMED	Navy Medicine
NC	Navy Nurse Corps
NCCO	Navy Corps Chiefs Office
NCP	Nurse Candidate Program
NFO	naval flight officer
NPC	Navy Personnel Command
NPS	Naval Postgraduate School
OPNAV	Office of the Chief of Naval Operations
ROTC	Reserves Officer Training Corps

SSC	sub-specialty code
STA-21	Seaman to Admiral-21 Program
SWO	surface warfare officer
USMC	United States Marine Corps
USN	United States Navy
USNS	United States naval ship
WFC	work-family conflict
WIF	work-interference with family

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There are so many people who gave me their time, attention, and unconditional support. If I accidentally forget anyone, please know that it is only because I am tired of writing. Here goes … in absolutely no particular order.

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To my "office-mates": I have absolutely no doubt that all of the donuts, chocolate, countless random sidebars, and general willingness to put this all aside sometimes helped keep me mostly sane on the way to the end. I hope to see you all again … not in an academic setting.

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and Star Wars, you gave me the sarcasm and pessimism I needed to get this done.

I am officially done … until next time.

I.   INTRODUCTION

A.   PROBLEM

The Navy continues to have a substantial interest in diversity and gender, and the role they play in the well-being of the force. The Chief of Naval Operations (CNO) continues to outline plans for the Navy to utilize appropriate measures for recruitment of the most talented pool of applicants (Navy Personnel Command, 2015). In the past, the Department of Defense (DOD) has had a significant focus on the makeup of the force with specific regard to gender. This focus has led to substantial changes within all service branches. On December 3, 2015, DOD Secretary Ash Carter announced the removal of limitations placed on females with regard to enrollment in combat specialties (Pellerin, 2015). Gender has been the focus of several policy changes to keep the Navy on par with the civilian job market. Included in these policy changes are the new Department of the Navy (DON) maternity leave policy, the Fleet Scholar Education Program (FSEP), and the transgender policy (Navy Personnel Command, 2016). Through the advent of initiatives such as these, it is the intent of the Navy to reduce the appeal of the civilian marketplace, while simultaneously increasing the appeal of the Navy, to allow greater retention of the talent that the Navy has recruited. This need to retain talent is felt throughout the naval forces. This thesis focuses on how identification of work-life/life-work balance[1] issues, specifically within the Navy Nurse Corps (NC), may assist the DON and the NC with addressing retention and employee satisfaction.

B.   BACKGROUND

Nursing as a profession can trace its history to the War in Crimea. During this war, Florence Nightingale was charged with taking young women with her to

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[1] For the purposes of this paper, I use the term life-work balance consistently when describing the background and results of both the literature review and findings. For additional clarification, see Chapter II.B.1.

provide care and comfort for the soldiers on the battlefield (Roy, 2009). Today, the nursing profession in the United States has grown to over two million people, as reported by the Bureau of Labor Statistics (BLS) (2016). It is worthwhile to note that this includes nurses at all levels of education, and those working in fields that are outside of nursing, such as in pharmaceutical sales. Both the BLS (2016) and the American Nurses Association (ANA) (n.d.) rely on current individual state reporting regarding licensing, and their data do not differentiate between clinical specialties versus non-clinical roles. This fact is important in understanding how the eligibility pool shrinks when evaluating potential registered nurses for accession into the United States Navy.

1.   Civilian Nursing

Currently, there is contentious discussion as to whether in the immediate future there will be a shortage or a surplus of nurses. The majority of research and documentation supports the position that the nursing community will be severely undermanned as we move to the end of the year 2025. According to Juraschek, Zhang, Ranganathan, and Lin (2012), the nursing shortage has been growing in the United States since the late 1990s and will peak with a deficit of over 900,000 nurses nationally. In contrast, a publication released in December 2014 by the U.S. Department of Health and Human Services (HHS) stated that it is possible that a surplus of approximately 500,000 nurses will be realized during the same period through the year 2025 (HHS, 2014). Of note, the HHS publication *The Future of the Nursing Workforce: National- and State-Level Projections* asserts that states experiencing nursing deficits may be eclipsed by the overall growth of the industry (HHS, 2014). This thesis focuses on life-work balance in Navy nursing and how a potential shortage/surplus of civilian nurses could affect naval recruiting and retention of the most talented nurses as we move toward 2025.

2. Military Nursing

Congress officially established the Navy's NC in 1908 (U.S. Naval War College, n.d.). Prior to the formal establishment of the NC, nurses worked alongside Sailors and Marines in unofficial capacities providing the same types of care that continue today. The Navy has seen the number of nurses fluctuate from over 20,000 during World War II to the current active duty number of 2890; however, the demand for highly trained and talented nurses has been continuous (Bureau of Medicine Information System II [BUMIS II]).[2] Compounding this demand is the unique dichotomy of a potential shortage/or surplus in civilian nursing and the rigorous standards that the NC maintains when accepting applications for appointment into the Navy (Office of the Chief of Naval Operations [OPNAV], 2012). In the case of a national nursing shortage, we become focused on acquiring nurses with experience and solid backgrounds while being in direct competition with civilian entities for these same talented people. When there is a national nursing surplus, the NC is faced with the task of adhering to billet forecasting and end-strength projections to ensure that this same mix of knowledge and experience is achieved while turning away the majority of applicants. Both a surplus and a shortage pose unique challenges, and it is paramount for the NC to know how to continue to attract nurses into the Navy and retain them within its ranks. More and more this task focuses on how to compete with civilian institutions and be on par with their focus on life-work balance issues to create an environment in which nurses will want to continue to work.

3. Recruiting and the Nurse Corps

The NC has done an exceptional job of managing its talent pool and reducing the gender disparity in nursing when compared to the distribution of gender for civilian nurses, while concurrently building a force that is rich with

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[2] The Bureau of Medicine Information System [BUMIS II] is a database maintained by the Navy's Bureau of Medicine and Surgery [BUMED]. It is not a publicly accessible database.

experience and knowledge. Data from the HHS (2015) reveals that only 9.1 percent of civilian nurses are male. By comparison, BUMIS II data currently reflects the distribution of male nurses within the active duty NC at 35 percent. This diversity applies to other aspects of the NC's makeup, as well; it draws individuals from various cultures, experiences, and nursing backgrounds, including civilians, enlisted, and lateral transfers from other naval communities. The NC relies on the civilian population to bring depth, outside opinion, and knowledge to the Corps; however many military nurses are eventually drawn back to civilian nursing.

The recruiting pipelines currently utilized for attaining new nursing graduates are the Nurse Candidate Program (NCP) and the Medical Enlisted Commissioning Program (MECP). The Navy has moved away from other historical programs of nurse recruiting, the Reserve Officer Training Corps (ROTC) and Seaman to Admiral 21 program (STA-21), after an analysis by Lieutenant (LT) Christopher Harvie was completed in 2012, showing that these programs were higher in cost to the Navy and that the ROTC option provided the lowest retention when compared to the costs (Harvie, 2012). The current need for annual gains into the NC stands at 212, with 75 coming from NCP, 35 from MECP, 65 from new accessions (civilian pools), and 45 from the last large group of ROTC graduates. Once this last large ROTC group is attained in fiscal year (FY) 2017, the accession plans for future FYs will rely more heavily on recruiting from the civilian population of nursing to meet end-strength goals.

a. Life-Work Balance and the Nurse Corps

Effects of a shortage within the nursing community or inability of the NC to attain specific recruitment numbers could lead to possible issues with manning and support for the entire U.S. Navy (USN) and U.S. Marine Corps (USMC). The NC is forward deployed with both Sailors and Marines and provides care across the globe in multiple areas of service. In addition to providing nursing care to individuals aboard ship, in combat arenas, and in hospitals, the NC is also

present aboard the U. S. Naval Ships USNS *Comfort* (T-AH-20) and USNS *Mercy* (T-AH-19), should the need for humanitarian assistance or disaster relief arise. Having the ability to respond to any variation of requirement is paramount to the NCs continued support of the USN and the USMC.

Maintaining the NC at its peak efficiency level requires a balance between shortage and surplus to offset losses while acquiring gains. The intent of this thesis is to detect potential reasons for manning inconsistencies in the NC and to provide methods to combat preventable manning shortfalls. By focusing on work-life balance, this research provides specific, consistent, and potentially avoidable, reasons for the continued departure of mid-level nurses from the Navy.

C. PURPOSE

The purpose of this study is to provide follow-on information to a study by Emanuelsen and Lee (2015), while also offering a unique perspective and focus on the NC. While Emanuelsen and Lee (2015) sought to focus on the relationship between gender and quality of life, the focus of this study is not gender specific; it is to identify general issues regarding retention and quality of life affecting both sexes. The reason for the removal of the specific gender focus is the unique makeup of the NC (65 percent female and 35 percent male). It must be stated that the identification of gender specific issues could be critical to the overall goal of retention at the O3 and O4 levels of service, since there is a much closer gender distribution within the NC compared to the entire active duty naval population.

Given that this study expounds on research executed by Emanuelsen and Lee (2015), the main research questions that follow have been retained in overall theme but altered to reflect the sole focus on the NC. The purpose of this research is to answer the following questions:

1. What are the critical factors that affect life-work balance among NC officers?

2. Do these factors change as NC officers gain experience throughout their careers?

3.   Does duty station or nursing assignment within the NC play a role in officers deciding to withdraw from the service?

After analyzing the data and determining the answers to the primary questions, I identify the dominant factors affecting life-work balance in order to provide suggestions for improving life-work balance and future recruiting and retention of talent within the NC.

D.   SCOPE/METHODOLOGY

Data for this thesis was obtained through a survey that I provided to the NC at the national level for promulgation across the NC. The survey consisted of a set of questions that allowed respondents to answer via a rating scale, as well as open-ended questions to allow for freeform responses. The surveys were critical to the discovery of concerns influencing retention decisions as well as identifying additional factors important to life-work balance. Analysis of the data will determine whether there are certain factors that affect these decisions more than others. Once identified, these specific factors are used to determine possible areas of life-work imbalance that may be of concern to both the USN and the NC.

E.   BENEFIT TO THE NAVY

The aim of this thesis is to identify areas of concern regarding life-work balance in the midlevel management areas of senior LT to LCDR. Increased scrutiny and dedication to retention will ensure the overall goal of the Navy to retain the current levels of talent that it requires. An additional goal of this thesis is to identify the concerns of the NC that require attention to ensure increased retention rates and decreased attrition rates in future years. Attracting and retaining the most talented and diverse individuals is key to the USN as we move into a future that places the USN in direct competition against an ever-growing civilian demand for nurses.

F.   ORGANIZATION

This thesis is organized as follows. Chapter II provides a literature review covering the major contributors to the research on life-work balance issues experienced by Sailors. It also includes definitions to alleviate potential confusion and to maintain continuity throughout the thesis. Chapter III provides details on the surveys and survey process. Additionally, it outlines population demographics and includes collection methods and subsequent research methodologies. Chapter IV provides the results and interpretation of the surveys. Chapter V, the summary and conclusion, offers recommendations for policy changes and potential areas for further research.

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II.   LITERATURE REVIEW

A.   STUDY CONTINUATION

This thesis is a continuation of an initial study on work-life balance conducted in 2015 by Emanuelsen and Lee while at the Naval Postgraduate School (NPS). Emanuelsen and Lee sought to identify explicit gender differences associated with work-life/life-work balance to determine if specific stressors were present. Their study focused on gender difference in the Navy in relation to retention choices, whereas the current research focuses on the NC as a component within the Navy. Additionally, the previous work was limited to the NPS campus; this study has increased the scope beyond the campus, continuing to research the identification of stressors present in additional designator categories affected by life-work balance and retention.

B.   LIFE-WORK BALANCE

The changing workforce continues to present challenges to the identification of conflicts between work life and home life. The recognition of increased conflicts between home and work roles has resulted in an additional rise in the number of researchers attempting to ascertain the exact balance required by personnel to maintain satisfaction both at home and at work. A study of previous literature is necessary to assist with the recognition of certain trends and predictors that contribute to decisions regarding the balance between work and life outside of work.

1.   Introduction

The searches for literature related to this thesis topic revealed several terms that are used interchangeably. The most notable are *work-life balance* and *life-work balance*. Work-life balance is the notation primarily used in the civilian sector and in psychology and sociology journals, while life-work balance is the notation preferred by the military and military affiliates. For purposes of this

paper, we use life-work balance (LWB) consistently when describing the background and results of both the literature review and findings. Additional interchangeable terms are discussed in subsequent sections.

2. Background

In recent years, there has been an increase in the number of studies focusing on LWB. Many cited factors for this rise in interest include the changing workforce, introduction of technology, shifting gender roles, and efforts by employers to maximize retention and job satisfaction among employees (Fleetwood, 2007; Greenhaus & Allen, 2011). The mission statement of Navy Personnel Command (NPC) states that the Navy employs a diverse group of individuals; it has also sought to focus on LWB to identify concerns of Sailors regarding retention, attrition, lifestyle, and continued service (Navy Personnel Command, 2016). Most of the literature focuses on women and identifies specific gender concerns with regard to LWB, but the NC presents unique challenges with regard to gender. With a higher proportion of female to male workers, the ratio within the NC may be susceptible to distinctive nuances when evaluating the ability to offer traditional female oriented life-work balancing policies. An example of a nuance would be NC leadership facing higher scrutiny regarding the new maternity policy as they struggle to maintain workload balance between males and females.

The concept of LWB is newer to military services than to civilian institutions. Literature on military occupational balance is limited and mainly focused within the last 10 years. The need for LWB within military occupations has only recently been brought into focus through White House initiatives dedicated to creating a better LWB through family-friendly policies intended to retain top talent (Bowman, 2016). The focus has contributed to bringing about changes such as the Career Intermission Program (CIP), a new DOD maternity policy, and increasing tele-commuting where possible. While the policies

concentrate on increasing female retention, these changes are intended to ease the burden of military employment on families.

3. Life-Work Balance Definitions

Although there is considerable discussion in the literature on how life and work affect individuals, there is no consensus on the specific definitions to use when describing the phenomenon. Greenhaus, Collins, and Shaw (2003) assert not only the need for good definitions regarding LWB, but they also present valid and reliable tools for measuring LWB outcomes. They also question whether a complete balance between life and work is actually in a person's best interest. An example would be acknowledging that there is both good stress and bad stress required in nominal daily activities.

The 2015 study conducted by Emanuelsen and Lee noted trends similar to those outlined in the article by Greenhaus et al. (2003). In the study, the authors determined that prior to discussing the complexities of LWB, it was necessary to provide some basic definitions (Emanuelsen & Lee, 2015). Specifically, LWB has been discussed regarding its interactions with work-family conflict (WFC), how the person distributes time between her or his work and family, and how engaged the person is at work or with family. As noted in previous literature, the most standard definitions of LWB are achieved when one or more of the following four criteria are present within one's personal interaction of life and work: absence of conflict, time allocation, level of engagement, and satisfaction in roles. It must be recognized that these definitions are not all inclusive, given that they mandate that certain criteria must be met at all times. This is outlined specifically in a 2009 study by Haddon and Hede, which proposes that the idea of conflict requires a person to constantly be at odds with aspects of their life. The study also notes that there are workers who are able to achieve a balance between work and home life without experiencing a negative impact in either area.

a.   Absence of Conflict

According to Frone (2003), in his overview of life-work literature, the most widely accepted definition of LWB is one noting the absence of conflict between the roles of work and family. This definition gives rise to multiple identified components of LWB as follows: WFC, family-work conflict (FWC), work-interference with family (WIF), and family-interference with work (FIW) (Frone, 2003; Greenhaus & Allen, 2011). In the simplest of terms, these labels mean that conflict arises from the effect of one variable on another, creating an imbalance. In this study, the variables are work and family. An article by Clark published in 2000 suggests that LWB is the minimization of role conflict that a person has within her or his life (Clark, 2000). Within the context of the military and healthcare, it is extremely difficult to avoid all areas of conflict between work and family. When one of the work or life variables becomes more important to the individual, the balance is disrupted and conflict is present.

b.   Time Allocation

The ability of persons to be present in a situation requires that they allocate their time to a specific event or task. In the ideal world, people would be able to allocate their time effectively and efficiently to be able to give each area of their life the same level of commitment and energy. As described by Frone, the allocation of time presents a direct contributor to the conflict when identifying areas that are most contributable to a LWB imbalance (2003). In the military, this can vary in extremis from service members working within their normal assigned tasking areas and experiencing normal time allocation requirements to those in a deployed environment and experiencing a high demand on time allocation.

Time allocation can also be affected by the requirement of nurses to provide 24-hour care; this necessitates night shift workers. A 2015 study by Mullen cites fatigue as a contributor to a potential increase in patient safety incidents. Within the same study, it is noted that increases in stress can contribute to an imbalance in life and work, and fatigue is an additional constant

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stressor experienced by shift workers (Mullen, 2015). Currently, the Navy practices rotating active duty hospital nurses between 12-hour day and night shifts in six-week rotations, unless specific requests are made and can be supported by the assignments and missions. On deployment shifts can be extended beyond the 12-hr rotations depending on casualty response and mission requirements.

c.   Level of Engagement

The engagement level of individuals among areas that are self-identified as being a priority to their happiness and satisfaction has been shown to affect LWB in a positive or negative way. The polarity of the effect is dependent upon the way the balance shift results in either a person who is unbalanced but happy, or unbalanced and dissatisfied with one or more aspects of her or his life. Research conducted in 2000 by Kirchmeyer suggests that this level of balance is only achieved when people distribute their available resources and are engaged across all roles.

Within nursing, a detractor from engagement with the clinical role of nursing may be the added responsibility of roles that remove the nurse from direct patient care. In the NC, this is due to both an increase in the amount of collateral duties (non-patient centered duties) and an increase in administrative areas of healthcare as the nurse progresses in rank. In a study by Warren (1985), it is revealed that there was a significant amount of non-clinical work that the military nurse was expected to accomplish, and this directly conflicted with the amount of engagement nurses were able to provide to the patient in a clinical setting.

d.   Satisfaction in Roles

As identified in the Emanuelsen and Lee study (2015), the most applicable LWB definition to military personnel is one that was composed in 2011 by Greenhaus and Allen. This definition can be expanded to include healthcare workers, and by default, it is therefore applicable to military nursing personnel. In

their definition, Greenhaus and Allen (2011) assert that balance is not necessarily the best determiner of an absence of conflict or an increase in satisfaction. Instead, LWB is a fluid and shifting identification of life priorities at any given time that coincides with personal effectiveness and satisfaction achieved both at work and at home. Thus, LWB becomes more about what a person values in life and how successful she or he is in nurturing those values.

Satisfaction in roles is achieved in a manner consistent with providing acceptable levels of care to both patients at work and families at home. This requirement could lead to an increased inability of NC members to provide care and services consistent with the mission and vision of Navy Medicine (NAVMED) and simultaneously achieve satisfaction with the job and at home. Previous studies have shown that job satisfaction in nursing can contribute to better care of patients and a desire to stay within the field (DeHauw & Greenhaus, 2015; Greenhaus et al., 2003; Mullen, 2015).

4. Role Theory

A foundational study of work-life balance identified role theory as a contributor to LWB. This theory is based on the supposition that each role in a person's life must be arranged in a hierarchical manner. More recent studies, such as the one by Marks and MacDermid (1996), found that roles are not hierarchical and can have shifting levels of importance over time. This is an important finding because it lends additional support to the concept that LWB is a highly individualistic pursuit based on how certain functions are weighted within a person's ability to achieve satisfaction among all roles. The previously mentioned components of WFC and FWC benefit from the increasingly normative views among role theory.

a. Work-Family Conflict

WFC is suggested to originate when one does not have sufficient time to allocate to both. Strain results from participating more in one role versus the other, and there are specific behaviors that may be required by one of the roles

that do not allow for ease of performance in the other role (Greenhaus & Beutell, 1985). When the strain of work has an undesirable effect on family, the resulting imbalance is referred to as WFC. With work roles routinely demanding high amounts of energy and focus, it is reasonable to ascertain that within nursing and military occupations there is considerable WFC.

b.   Family-Work Conflict

The opposite of WFC is family-work conflict (FWC), when family commitments or interests interfere with work. This type of conflict arises for military members when they attempt to balance home commitments against the demands of the military lifestyle. Females may be especially vulnerable to this type of conflict, as they tend to try to maintain their roles as caregivers at home and professionals at work (Greenhaus & Allen, 2011). Family demands may impact a military nurse's ability to work the night shift or take calls. This can result in significant issues in terms of additional nursing staff who may be required to offset any lost hours due to members' family needs.

5.   Life-Work Balance and Nursing

According to the literature research, there are several areas related to LWB that relate to both civilian and military nurses. While considerable research focused on the overall discussion of LWB, there was less research concerning LWB specific to nursing, and only minimal research concerning LWB for those in the military nursing profession. When specifically researching the effects of LWB on nurses in the Navy, few articles were found with relevance to this study. This gap within the subjects was noted in several articles that called for continuing research into the areas of both nursing and military nursing. Most notable among the articles was the call for the research not only to continue, but also for the classification of areas affecting LWB needing specific models created to accurately interpret the data.

6.   Overview

There is research in small niche areas focusing on employment and home life as a whole, but LWB and nursing, specifically military nursing, is still a field requiring both research and development of tools to properly analyze data and observed interactions. A recent study conducted by Smeltzer, Cantrell, Sharts-Hopko, and Heverly (2016) reasserted the need for better analytical tools to assist in evaluating and defining LWB. The available studies acknowledge a large imbalance in LWB and nursing and nurses' desire for occupations that shift the balance toward reducing work stressors (Lee, Dai, Park, & McCreary, 2013; Jacobsen et al., 2014; Mullen, 2015). This shift to occupations other than nursing is an area of concern for future recruiting and retention efforts by the NC and the Navy.

The stressors are not unique to any specific geography. This is supported in a study by Lee et al. (2013), which showed Taiwanese nurses reporting similar stressors of overwork, dissatisfaction with hours, and increased workload resulting from an aging population. Once the stressor shifts the balance toward conflict in nurses' personal lives, the result is employees seeking employment in work areas that produce less stress and require less commitment from the worker (Lee et al., 2013).

Of note is that while some stressors are negative, some stressors may be positive. Research has identified different classifications of stressors as either challenge stressors, which can be positive to performance, or hindrance stressors, which have negative effects on a person (Lepine, Podsakoff, & Lepine, 2005). Additionally, the literature review shows that there is a gap in research that identifies the specific amounts of stress resulting in detrimental effects to LWB among individuals. Nursing, and military nursing specifically, will feel the effects of an impending nursing shortage as negative stressors drive nurses to relocate into different occupations. Thus, LWB research should not only identify problems, but should also provide solutions to these problems.

a. Civilian Studies

Nursing has consistently been a field dominated by female workers, and the shift of traditional roles at home could lead to increased demands on both males and females in their home and family responsibilities. Furthermore, as stated in literature, the stress may be especially felt in female-dominated fields, such as nursing, due to an increased demand on female responsibilities outside of the healthcare system (Mullen, 2015). Therefore, while it is still the goal of this paper to identify stressors for both genders, a continued focus on the dominant population, when specifically discussing fields that are predominantly populated by one gender, is warranted.

Specifically, the LWB that those in the nursing profession experience may already be imbalanced if working within the definitions that mandate work and life balance must be equal. The imbalance begins with the kinds of individuals who choose the nursing profession—individuals who place the needs of others in front of their own—suggesting that the balance has already shifted away from the home (Mullen, 2015; Jacobsen et al., 2014). This can lead to nurses failing to provide self-care when necessary (Mullen, 2015; Mullen, Gillen, Kools, & Blanc, 2015). Often nurses develop ineffective coping skills and turn to compartmentalization or avoidance to limit the effects of a traumatic event or burnout, leading to a negative balance between life and work or an unsatisfactory LWB (Gerow et al., 2010). It is extremely important for healthcare entities to assist their workers with the development of positive coping mechanisms, such as self-care practices, to assist with maintaining LWB.

Self-care practice is the ability of a person to separate outside occurrences from intertwining with the internal social aspects and home life someone experiences; in short, self-care allows a person to keep work from overwhelming influence in their home life and vice-versa. These self-care practices are a useful set of tools to aid people in keeping work separate from home. For healthcare workers, these are invaluable coping mechanisms to assist with the prevention of burnout and compassion fatigue (Killian, 2008). Given that

work roles for nurses tend to be extremely stressful and often present with distressing experiences, nurses benefit from using these tools. Recognizing the need for self-care is instrumental in maintaining LWB for individuals in civilian nursing, the military, and in military nursing.

b. Military Studies

With the advent of the all-volunteer force in the 1970s, leaders in the military have become increasingly aware of the need to provide resources and benefits on par with civilian institutions to ensure that continued accession and retention goals are met and maintained. According to a study in 2011 by Miller et al., the shift to the all-volunteer force was a catalyst for the push to identify and provide family programs and quality of life initiatives. Although the DOD, and subsequently the DON, have made strides over the last decades to remove barriers to service—such as repealing "Don't Ask, Don't Tell" and implementing the newest transgender service policy—Aten and DiRenzo (2015) found that shifting family roles necessitate further change. In addition to the need for continued policy updates and support, they also found that the need for LWB increased among those in the Navy (Aten & DiRenzo, 2015).

The military culture does not always facilitate the most balanced of lifestyles when comparing the commitments of work versus family to the previously mentioned definitions of LWB. Rigorous training schedules, continual geographical relocations, unplanned events, and deployments are just some of the additional work stressors that military personnel continually face. Healthcare workers face additional work stressors that include but are not limited to rotating shift work, increased workload (as average life expectancies and more complicated medical histories increase), and regularly placing the needs of the sick over their own wellness and health. Due to the complicated nature of working both in the military and in the healthcare system, the Navy nurse is in the unique position of experiencing all of the aforementioned stressors at the same time.

7.   Military Nursing Studies

Nursing as a profession has been an exception to the plaguing issue of allowing females to serve and attempting to increase the overall representation within the military. The underrepresentation of females in the military is not a concern in the Navy Nurse Corps (see Figures 1 and 2).
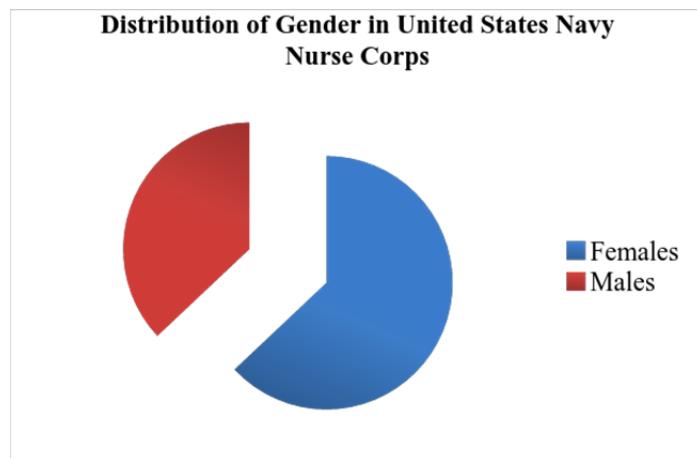

Figure 1.   Gender Distribution in the U.S. Navy Nurse Corps.
Adapted from BUMIS II (2016).
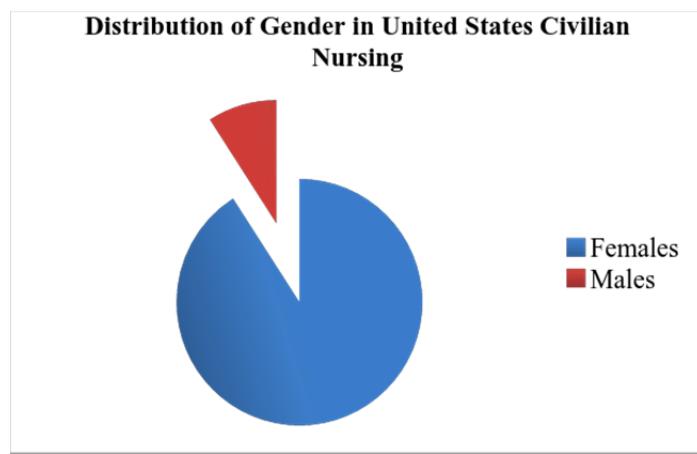
Figure 2.   Gender Distribution in U.S. Civilian Nursing.
Adapted from BLS (2016)

This anomaly does not mean that issues of LWB found within the fleet are not comparable to those within the NC. In fact, NC leadership believes that the

imbalance may create different issues as maternity leave is lengthened, increases in workload are felt throughout the fleet, and the shift from Baby Boomers to Generations X and Y occurs in the workforce. Director of the NC, Admiral Rebecca McCormick-Boyle, and Deputy Director NC Captain Deborah Roy agree that there may be unrealized difficulties that present to a female-dominated occupation when evaluating new Navy policies (McCormick-Boyle & Roy, 2015).

Historically, there have not been issues with recruiting or retention in the NC. However, this should not be a reason to ignore changes in DOD policy and civilian demographics that could have substantial effects on the future of the NC. The nationwide shortage of nurses may affect the Navy's ability to continue to recruit the most talented and capable nurses. This shortage has been identified and followed since the 1980s. Although there are recent conflicting reports regarding the location and severity of the shortages, it is imperative for the Navy to continue to be a premier institution for nursing careers. At the forefront of the shortage is the idea that nurses will have to do more with less. While this is an overarching theme in today's military, it must be remembered that while certain occupations are niche and can only be performed in the military (surface warfare officer [SWO], naval flight officer [NFO], etc.), nursing is a worldwide occupation with far-reaching opportunities. Therefore, rather than enduring difficult operating conditions, it would be quite easy for nurses to transition out of the military and into the civilian market.

C.   NURSING AS AN OCCUPATION

Nursing continues to be an occupation that attracts individuals interested in having job security, interacting with people, caring for people, and providing care to families (Kersten, Bakewell, & Meyer, 1991; Mooney, Glacken, & O'Brien, 2008). Nursing also continues to be an occupation that attracts more females than males, as evidenced by both the BLS reporting and the NC inventory reporting graphs. The literature also shows that female nurses experience a

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higher level of empathy than persons in varying occupations, and male nurses experience a higher level of empathy than groups of control males in various occupations (Williams, 1989). Higher levels of empathy could lead to accelerated burnout among caregivers, and this would support feelings of LWB imbalance among healthcare workers in the direction of WFC. A drawback to this literature could be adherence to mainstream acceptable social norms regarding gender roles and the supposition that the normative role of nursing as a female occupation may be further amplified by the cultural norms of gender, which have been fostered over the last few decades.

D.   MILITARY AS AN OCCUPATION

The shift in the 1970s from a conscripted service to an all-volunteer force was not without anticipated issues concerning future enlistments and commissions. Indeed, Eitelberg's 1979 doctoral thesis listed several concerns that not only preceded the end of conscription but continue in the present, including maintaining a successful representation of America's multicultural makeup and capturing the right amount of talented military personnel for an effective military (Eitelberg, 1979). These issues remain at the forefront of discussion today as the Navy continues to determine the best courses of action to recruit and retain the best people to lead the Navy into the future.

A factor that may contribute to the military as an occupational choice may be the way that society is shifting in regard to the evolving roles of men and women. As more and more women move into the workforce, there may be an increase in women who choose to serve in the military. As of 2015, the Navy had 323,334 members, of which 59,269 (18.3 percent) were female (Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy, 2015). As far as the NC is concerned, the ratio of females to males is higher than in the total Navy, and this fact alone necessitates working to identify sources of positive LWB before negative stressors become detractors to the community and possibly the entire Navy.

E.   SUMMARY

In evaluating and determining the best courses of action for the NC to move into the future with regard to maintaining a healthy LWB for its members, it is imperative to maintain the established mission and vision of NAVMED, shown in Figure 3.

Navy Medicine
Mission
Keep the Navy and Marine Corps family ready, healthy and on the job
Vision
The Navy and Marine Corps family has the best readiness and health in the world
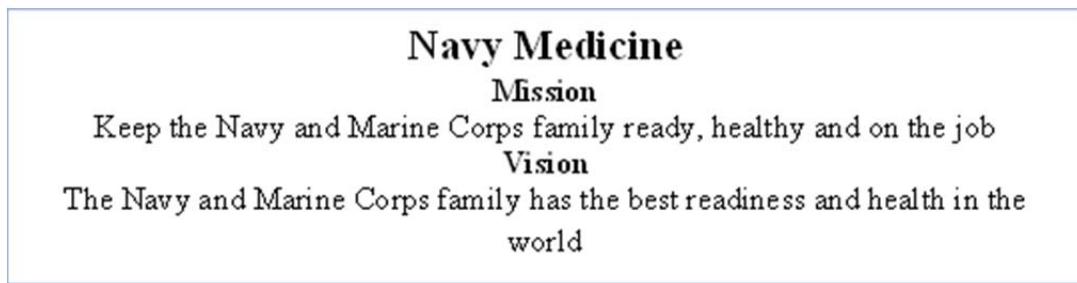
Figure 3.   Navy Medicine Mission and Vision Statements.
Adapted from Navy Medicine (n.d.).

Adding to the ability of NC members to provide care and services in a manner consistent with the mission and vision of NAVMED is satisfaction with the job. Previous studies have shown that job satisfaction in nursing can contribute to better overall care of patients and a desire to stay within the field (DeHauw & Greenhaus, 2015; Greenhaus et al., 2003; Mullen, 2015). Because the goal of the Navy is to be a forward fighting force, to continue to fulfill the required number of talented applicants, the Navy must heighten its overall awareness of attaining higher member satisfaction and increasing their willingness to remain in their military roles.

This study identifies areas that have a negative effect on LWB, provides insight into areas that require additional research, and offers recommendations for adoption of future programs. Chapter V also presents recommendations for further research based on data analysis from Chapter IV. The author believes that improving LWB will benefit the Navy and NC as both continue to focus on talent management and future retention.

III. METHODOLOGY

A. DATA COLLECTION

This chapter provides information on the data collection method (a single source survey) and an analysis of the collected data. The survey for this thesis was sent to a central distribution point for the NC and then systematically distributed throughout the NC to elicit responses. The chapter includes the data, variables, and data analysis used to evaluate responses in relation to individuals' definitions of life-work balance in nursing within the NC.

1. Navy Nurse Corps Survey

The survey was designed to elicit responses from personnel in the Navy NC regarding aspects of their occupation, life-work balance, and how the two were either interactive or separate from each other. Topics explored in the survey include perceived level of LWB, assistance with care provisions, job satisfaction, and specific factors related to the choice of medicine versus military medicine as a career field. The researcher analyzed the results to determine if there were consistencies or inconsistencies with regards to gender, sub-specialty (SSC) coding, rank, commissioning source, and current service component (hospital, operational, or overseas).

2. Description

Lime Survey was used for distribution of the survey to the NC. The Lime Survey site was accessed via an NPS account and remained active for a total of six weeks to allow for worldwide distribution of the survey. This was necessary because, at all times, the NC is a globally positioned force. An invitation email was sent to the Navy Corps Chiefs Office (NCCO) for central distribution. With the assistance of the NCCO, the email was distributed to 2,890 nurses currently serving on active duty as of October 1, 2015; however, it did not include those in student status. The initial email was sent on June 6, 2016, and a final follow-up

email was sent on July 14, 2016. The survey was open until July 22, 2016, allowing a six-week timeframe for responses. The survey consisted of 94 questions in seven categories, including demographic information, sub-specialty, identity, job satisfaction, balance between work and family, career satisfaction, and desire to transfer to civilian opportunities.

In addition to the Likert-scale questions, which were used to determine the level of satisfaction or dissatisfaction among the aforementioned categories, there were also three open-ended questions to allow respondents to be candid with leadership regarding influences on LWB and suggest possible changes that the Navy and NC could make in future policy adaptations. The anonymous nature of the survey was an attempt to allow the respondents to feel safe in their environment and allow for frank and open responses.

Of the 2,890 nurses who received the survey, 656 responded. The responses consisted of 255 partial responses and 401 full responses within the active duty NC population. This represents a 23 percent response rate from the entire NC. NC spouses were invited to respond to a shorter survey and provided 25 full spousal surveys. There was a comparative distribution of gender with all ranks from ensign (ENS) to captain (CAPT) represented. The age range of respondents was 22–59, and the commissioning sources included direct accession, ROTC, STA-21, and MECP, among others. The researcher compared survey numbers to the entire number of NC members and found that the study included a representative population. These comparisons are shown and discussed in detail in Chapter IV.

The specific breakdown of demographics is shown in Table 1, with the subspecialty breakdown shown in Table 2. The survey in its entirety can be found in Appendix A.

Table 1.   Survey Demographics Breakdown

CHARACTERISTIC	NUMBER	PERCENTAGE
GENDER		
Female	304	70.05%
Male	128	29.49%
Unanswered	6	1.38%
RANK		
O6/CAPT	24	5.53%
O5/CDR	52	11.98%
O4/LCDR	91	20.97%
O3/LT	180	41.47%
O2/LTJG	67	15.44%
O1/ENS	18	4.15%
Unanswered	2	0.46%
AGE		
22-25	40	9.22%
26-30	75	17.28%
31-35	87	20.05%
36-40	86	19.82%
41-45	71	16.36%
46-50	45	10.37%
>51	27	6.22%
MARITAL STATUS		
Single	116	26.73%
Married/Partner	317	73.04%
Unanswered	1	0.23%
COMMISSIONING SOURCE		
Direct Accession	128	29.49%
ROTC	74	17.05%
STA-21	35	8.06%
NCP	83	19.12%
BDCP	10	2.30%
MECP	70	16.13%
Other	34	7.83%

Table 2.   Survey Sub-specialty Breakdown

CHARACTERISTIC	NUMBER	PERCENTAGE
PRI SUBSPECIALTY		
Professional Nursing-1900	67	15.44%
Nursing PhD-1900D	5	1.15%
Nursing Education-1903	5	1.15%
Med/Surg-1910	96	22.12%
Maternal Infant-1920	41	9.45%
Pediatric Nursing-1922	17	3.92%
Psychiatric Nursing-1930	13	3.00%
Community Health-1940	7	1.61%
ER/Trauma Nursing-1945	52	11.98%
Perioperative Nursing-1950	39	8.99%
Critical Care Nursing-1960	38	8.76%
NICU Nursing-1964	9	2.07%
Nurse Anesthesia-1972	7	1.61%
Psychiatric MH NP-1973	5	1.15%
Pediatric NP-1974	4	0.92%
Family NP-1976	13	3.00%
Women's Health NP-1980	0	0.00%
Midwifery-1981	3	0.69%
MPTA-3130	4	0.92%
E & T Management-3150	5	1.15%
Unanswered	4	0.92%

B.   DATA ANALYSIS

The analysis provided in this study is both quantitative and qualitative based on the data from survey results.

1.   Survey Analysis

The researcher gathered data from the Lime-Survey and compiled it into a Microsoft Excel spreadsheet for simplicity of analysis. In addition, all of the response data was screened to ensure missing answers and anomalies were accounted for in the entries. Once I reviewed and verified the data, compilation began with grouping common themes and identifying trends among the responses. After identifying common themes and trends, I performed additional analysis to determine any responses that were specific to gender, SSC, or rank.

This allowed me to group areas of importance. The specific trends and themes are discussed in Chapter IV.

2. Open-Ended Questions

The researcher read all of the open-ended responses and grouped them into like categories based on repeatedly identified areas of concern. This manifested through multiple responses focusing on work hours, rotational commitments, staffing issues, and a lack of resources for families. Data provided through the open-ended questions allowed the researcher to receive unfiltered feedback from the NC participants. This is important to note as many members felt that they may be singled out for honestly answering leadership inquiries. Specific, anonymous quotations from the respondents are utilized in Chapter IV to provide support for interpretations of the data.

3. Spousal Response

The survey allowed the respondents to send a separate link to their respective spouses in an attempt to elicit information from the spouse on the effects of LWB on the spousal community. The response was minimal from the spouses who chose to respond (25 fully completed surveys), but their open-ended responses were highly impactful and echoed the concerns of the NC active duty respondents.

The researcher read all of the open-ended spousal responses and found that the majority supported the overall findings in the full active duty survey. The spouse's open-ended responses are presented at the conclusion of Chapter IV and highlight the overwhelming agreement in both respondents' surveys. Although the survey focused on representation of both single and married Sailors, the viewpoint of the spouse is an important factor to consider for the military members and the military in general, considering the necessary support system required of military spouses.

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IV.   RESULTS AND ANALYSIS

A.   LIFE-WORK BALANCE AND OCCUPATIONAL CHOICE SURVEY OVERVIEW

This chapter presents the findings from a 2016 survey, which was distributed to the NC during a six-week period beginning on June 6, 2016, and concluding on July 22, 2016, as they relate to LWB and occupational choices within the military and the NC. The survey allowed respondents to state their views on a variety of life-work topics in a Likert-scale format and included open-ended questions to ensure participants had an open forum in which to address concerns they felt may not have been captured adequately by the numerical survey. Respondents were also encouraged to invite their spouses to respond to the open-ended questions. The responses were read and arranged in groups representing overall trends among the data to recognize the greatest areas of concern.

1.   A Representative Sample

One of the challenges to any survey is maintaining a random sample response while ensuring that this randomness encompasses a representative sample of the focus population. The researcher compared gender, rank, and SSC between the total NC and respondent populations to ensure that interpretation of data and responses were indeed representative.

a.   *Gender Distribution*

It was necessary to ensure that the respondents to the survey were representative of the gender distribution throughout the entire NC. This was done to determine if there were certain trends that were prominent among one gender as opposed to the other and also to show when gender was not a factor in the associated trend. A slightly lower percentage of males in the total NC population responded to the survey (29.2 percent to 34.8 percent) compared to a slightly higher percentage of females (65.2 percent to 69.4 percent), and 1.4 percent did

not identify as either male or female within the survey. The gender distribution among the survey respondents versus the gender distribution of the total NC is shown in Figure 4.
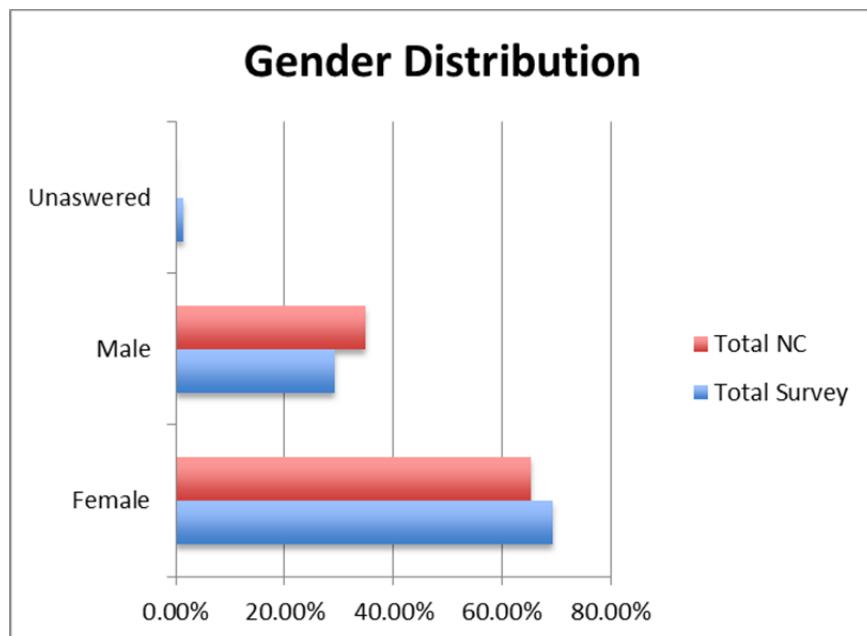
Data presented was obtained via the Life-Work Balance and Occupational Choice Survey for the Nurse Corps and BUMIS II.

Figure 4.   Gender Distribution.

b.   *Rank Distribution*

The distribution of rank is important to the interpretation of the survey results to ensure that responses represent all levels of rank within the NC. This representation is necessary to validate that prominent concerns are shared at all levels of rank within the NC. Survey respondents were noted to have a similar rank distribution as that found within the total NC population. Across ranks, responses were represented within 1 percent, except for those of ENS and LT. There was a lower respondent rate for ENS than is represented in the NC (4.2 percent responded versus 13 percent in the NC), while there was a higher respondent rate for LT than is represented in the NC (41.5 percent responded

versus 33.6 percent in the NC). The rank distribution among the survey respondents versus the rank distribution of the total NC is shown in Figure 5.
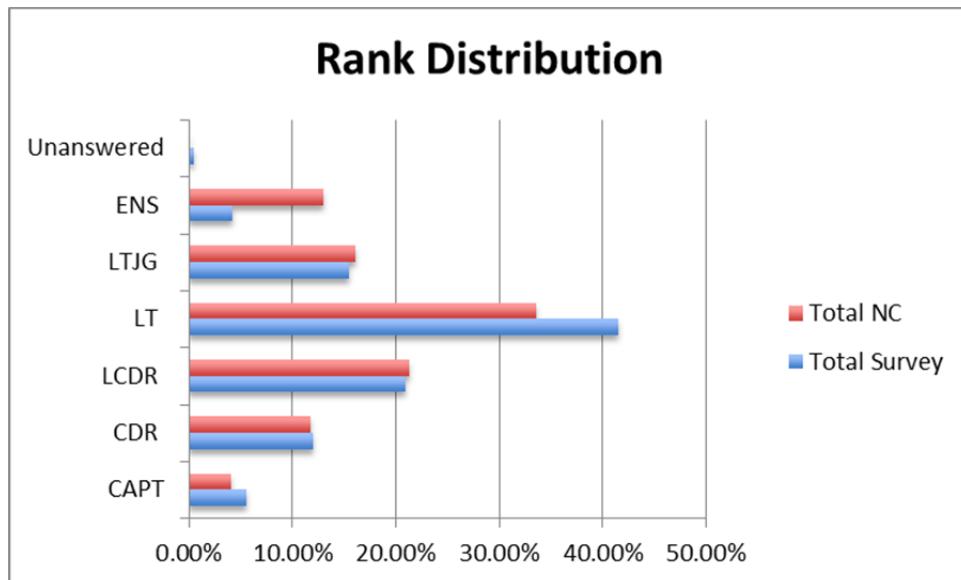

Rank Distribution

Data presented was obtained via the Life-Work Balance and Occupational Choice Survey for the Nurse Corps and BUMIS II.

Figure 5.   Rank Distribution.

c.   *Sub-specialty Code Distribution*

The importance of showing a representative distribution of SSCs is to ensure responses across roles. Navy nurses are responsible not only for floor care of patients, but they perform clinical roles, operational roles, training and education roles, and executive medicine roles. These roles are not an all-inclusive list but provide a reasonable overview to ensure that the SSCs represented are within an acceptable level of deviation. Across all SSCs, there are three SSCs that deviate by more/less than 2.5 percent between respondent to total NC population. These are the SSCs for nurse anesthetist (SSC 1972; 1.6 percent responded versus 4.4 percent in the NC), medical-surgical nurse (SSC 1910; 22.1 percent responded versus 26.4 percent in the NC), and emergency room nurse (SSC 1945; 12 percent responded versus 8.4 percent in the NC).

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The SSC distribution among the survey respondents versus the SSC distribution among the total NC is given in Figure 6.
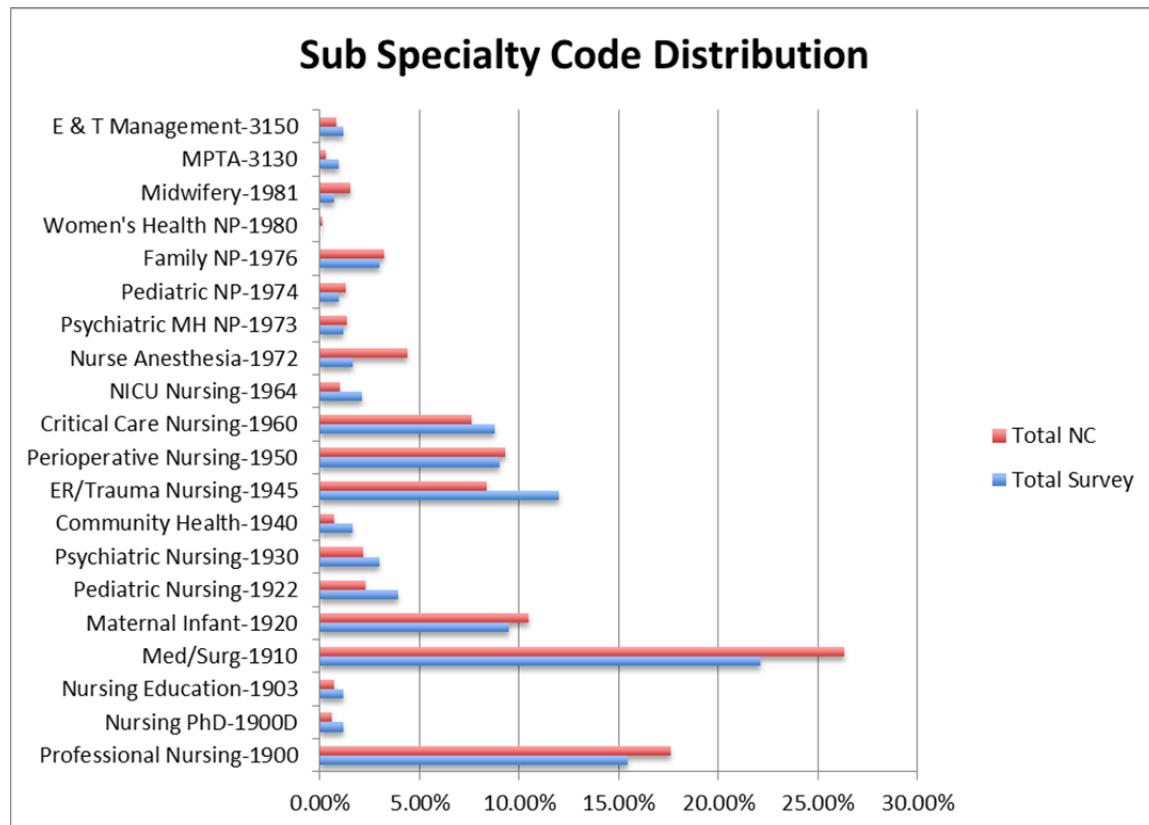
Data presented was obtained via the Life-Work Balance and Occupational Choice Survey for the Nurse Corps and BUMIS II.

Figure 6.   Sub-specialty Code Distribution.

2.   Trends

Trends were found in both the Likert-scale questions and the open-ended questions. Groupings were made of the most common themes to ensure an overall depiction of LWB was obtained, focusing on the concerns of the respondents. The trends were separated into sections to allow separate analysis of the scaled questions versus the open-ended questions. This allowed the researcher to focus on aspects of the Likert-scale data that was further supported by the more detailed open-ended responses. These sub-sections allowed the

researcher to capture the overall state of the NC regarding LWB. This also allowed the researcher to determine if gender or marital status determined preferences among the respondents.

a.   Likert-Scale Trends

After analysis of the Likert-scale questions, the results were focused into the following sections:

- LWB satisfaction in the NC as currently reported,

- LWB as a factor in assignment and placement within the NC, and

- LWB experience of a civilian nurse versus a Navy nurse.

b.   Open-Ended Question Trends

After analysis of the open-ended questions, several trends were apparent within the data. They are discussed as follows in no particular order:

- the perception of leadership as a barrier to LWB as both an external and internal factor;

- a culture that promotes based on the perception of devotion to the job and hours worked versus quality of the person as a leader;

- the non-clinical aspects of LWB, such as childcare issues, inefficient training programs, and mandatory events outside of work which impede the balance between work and family;

- the issues related to perceived ongoing manning shortages and inflexible time management requirements; and

- a self-identification of internal personality traits that inhibit the ability of the person to separate work and home life.

B.   SCALED SURVEY COMPONENT

This section analyzes the survey's Likert-scale responses. The researcher focused on three areas: current levels of LWB satisfaction, LWB with respect to order assignments, and LWB in civilian nursing versus Navy nursing. These areas were used to detect any preferences by gender, SSC, or differences that may be associated with LWB between nursing and Navy nursing.

1. Current Level of LWB Reported in the Nurse Corps

Levels of LWB and job satisfaction have been reported as ways to determine the likelihood of a person to transfer out of a specific job or enter a new career field. Researchers such as DeHauw and Greenhaus (2015), Greenhaus et al. (2003), and Mullen (2015) have found that an increase in job satisfaction can also lead to an increase in a nurse's ability to provide care and remain within the occupation over longer periods of time. Figure 7 shows an overview of current levels of NC satisfaction based on the following questions:

- How much time in a typical week do you spend with your family when on home cycle?

- How successful do you feel in balancing your work in the Navy and family life?

- How satisfied are you with the balance between your Navy activities and family and home life?

- How balanced was your life when on home cycle during your previous sea/operations tour?
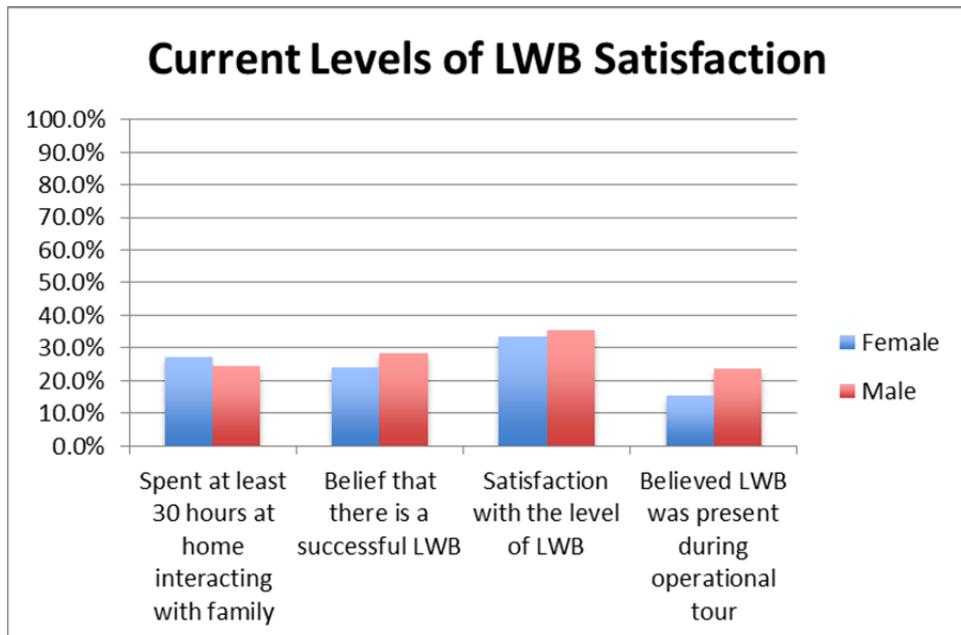
Figure 7.   Current Levels of LWB Satisfaction.

There is less than a 3 percent difference between the responses for male and female nurses, with the exception of the last question regarding the presence of LWB during an operational tour. Males reporting satisfactory LWB present during their operational tours measured 24 percent while only 16 percent of females reported feeling that satisfactory LWB was present. The researcher did take marital status (single versus married) into account in the findings of this question. Those answering the question at levels four or five reported as 95 percent married for female and 98 percent married for male. The work of both Greenhaus and Allen (2011) and Mullen (2015) discuss females experiencing higher rates of FWC as they struggle to maintain an equal balance between home and work roles. This struggle may be the reason for the reported difference between male and female responses concerning LWB during operational commitments. This finding is similar to one of the results reported by Emanuelsen and Lee (2015).

Decreased levels of satisfaction could be a driving force for those opting to exit the Navy at their earliest opportunity, and this is important to the efforts of the NC to retain talented and experienced individuals. The NC has enjoyed success in both retention and recruiting efforts, but it is unknown if there are greater pools of talent that could be retained if there were increased levels of LWB satisfaction felt among members of the community.

2. Life-Work Balance with Regard to Orders Assignment

The researcher examined certain questions within the scaled component of the survey to determine if there was any interaction between how work and life are perceived by the member. In the case of LWB, I chose to compare the likelihood of sacrifice a service member would be willing to incur for the NC when deciding on future career choices. This was evidenced by focusing on the following questions:

- How important is life-work balance when negotiating follow-on orders?

- How likely are you to accept a billet that your community values at the expense of your own work-life balance?

Respondents were given a five-point Likert scale with a score of 5 indicating "very important" to the member and 1 indicating "not important at all." For the above questions, the researcher focused on the percentages of respondents who answered a four or five. In addition, the researcher reviewed the data, and it showed a response rate of 90 percent for both males and females regarding the importance of negotiating follow-on orders with respect to LWB. Moreover, the same data review showed the opposite response for willingness to take an assignment based on how the NC viewed the assignment's level of importance. Only 19 percent of females and 27 percent of males responded with a four or five. This comparison is shown in Figure 8.
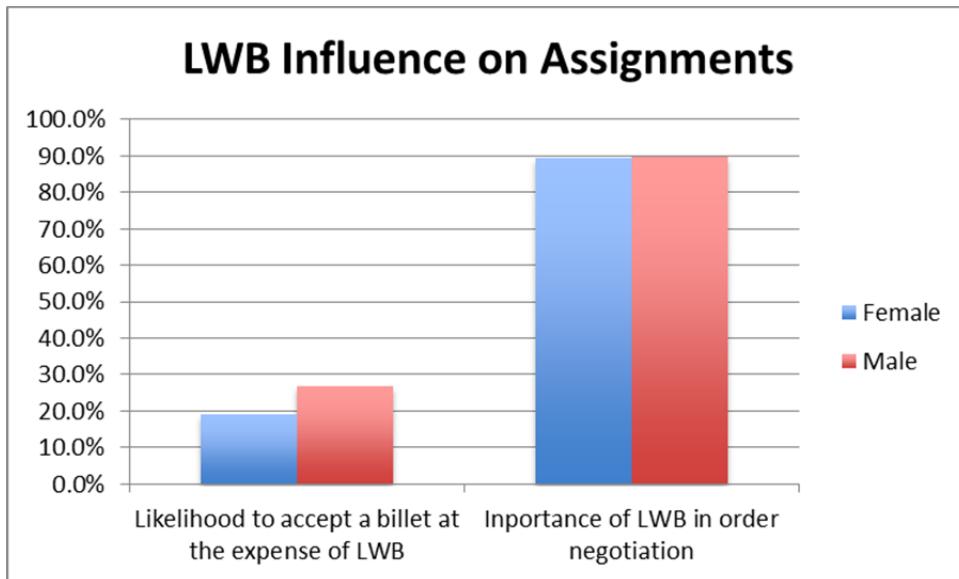
Figure 8.   LWB Influence on Duty Assignments.

While men state LWB is less of a decisive factor for follow-on orders, they are equally as unwilling as females to accept an assignment at the expense of LWB. For comparison, Emanuelsen and Lee (2015) found that females were found to be slightly less likely to accept a billet that would negatively impact LWB. A stark difference from that study to this study is that the NC data shows that

both genders agree that negotiating orders is an important aspect of LWB. This finding is important as it identifies a possible reason for dissatisfaction with orders or member separation from the NC when faced with limited options for order negotiation and future assignment.

3. Life-Work Balance between Nursing and Navy Nursing

One of the factors analyzed by the study was the overall concept of LWB related to the Navy and to Navy nursing. This research focuses on how LWB is perceived among the NC. To separate how working in healthcare alone affected those feelings, the following questions were examined:

- To what degree did you consider life-work balance when deciding to join Navy Medicine?

- To what extent would you have greater life-work balance if you were no longer in Navy Medicine?

- To what extent will life-work balance factor in your decision to separate from the Navy at your next opportunity?

Respondents were also asked:

- Please choose the appropriate response with regard to your career in healthcare: [I do NOT plan on leaving a career in healthcare.]

A review of the responses showed that only 39 percent of males and 35 percent of females reported being influenced by LWB in their decision to join NAVMED. This could be interpreted as nurses not considering LWB when looking into joining the Navy, or it could be a reflection of LWB being present in their current occupational field prior to NAVMED and therefore not a factor. Additionally, the results show that although LWB was not a factor when joining, 80 percent of females and 69 percent of males currently believe that leaving NAVMED would lead to an increase in their quality of LWB.

When attempting to account for the occupation choice as the decision to leave NAVMED and increase LWB, the researcher found that 69 percent of females and 64 percent of males stated that they would be leaving the Navy at the earliest opportunity. Of those reporting that they would leave the Navy, 62

percent of females and 48 percent of males stated that they would remain within their current occupation of nursing. This coincides with findings in the previous questions. These results are shown in Figure 9.
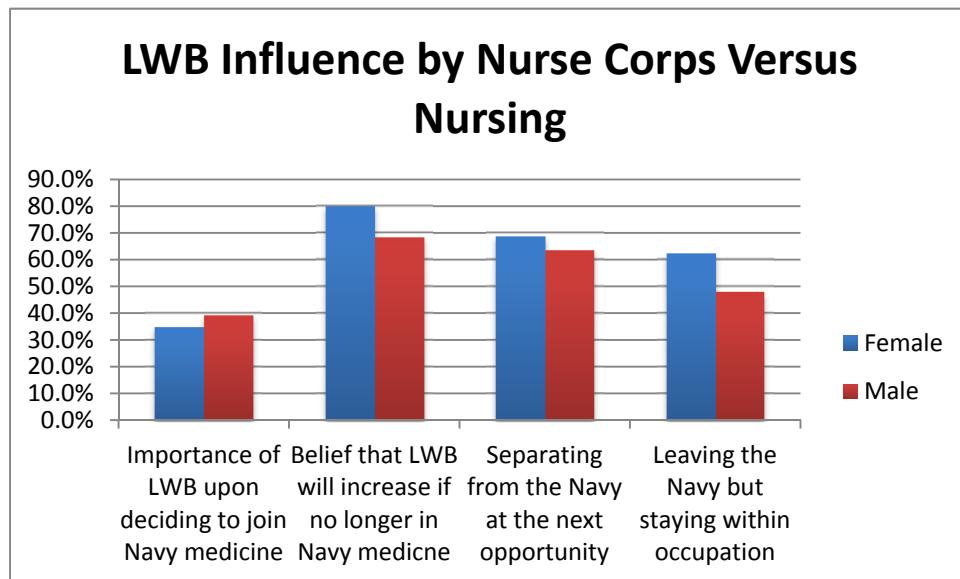
Figure 9.   LWB Influence by Nurse Corps versus Nursing.

The responses concerning the presence of LWB and whether this is attributable to the military nursing occupation versus the civilian nursing occupation are in line with similar results shown in the previous figures and interpretations. The overall representation of both males and females in the analysis shows that, at least within the NC, there are similar attitudes about LWB regardless of gender. This is especially important, with a potential civilian nurse shortage on the horizon, when scrutinizing policies and exploring new options to allow for an increase in LWB within not only the NC but the Navy as a whole. Nursing shortages in the civilian population may result in an increase in the number of organizations willing to offer competitive hiring packages with which the NC cannot currently compete.

C.   OPEN-ENDED QUESTIONS

The survey included open-ended questions at the end of the scaled survey portion to allow the respondents an additional avenue to voice their observations and concerns regarding the Navy NC and its efforts relating to LWB. The format of these questions provided the respondents with an avenue for discussion without fear of identification or reprisal based on content. Commonalities in remarks emerged among the majority of respondents. When the commonalities often overlap multiple areas of concern, they are represented below within their primary response category.

1.   Barriers to Life-Work Balance

The survey responses offered an additional way for nurses to provide information regarding the ability to achieve LWB in the NC by focusing on specific concerns that were not identified through the Likert-scale questions. The researcher found that many comments focused more specifically on the barriers to better LWB observed by those currently serving in the NC. The barriers most commented on were leadership, promotion culture, non-clinical aspects (childcare and collateral duties), staffing and time management, and the nurse's internal sense of responsibility.

a.   *Leadership*

The role of leadership in the NC is important to the discovery and establishment of policies and practices that can be tailored to allow employees to benefit from an increase in an improved LWB. Allen, Eby, Poteet, Lentz, and Lima (2004) demonstrated that mentorship is an aspect of leadership that has shown positive effects on both an employee's level of job satisfaction and her or his willingness to remain within a given profession. The following excerpts

highlight the perception of leadership involvement regarding LWB among the NC respondents.[3]

> I have heard that "work-life" balance is important to military leaders. But when pushed to provide accommodations, this just isn't true. Sailors are (covertly) treated differently when they ask for family accommodations. Please don't lie about work life balance. (NC survey open-ended questions, Respondent 247, June 6, 2016)

> Poor training and detailing created absurd demand on "learning" my job with little to NO support from supervisors. THINK of family impact and not with the "lip service" offered this topic. When I was single the Navy never thought about me especially when I was overseas. Single enlisted are considered, but officers are totally excluded! (NC survey open-ended questions, Respondent 191, June 6, 2016)

> Lack of trust in leadership and lack of real support. For me, it is too late. However, for other's hopefully the Navy will actually start teaching LEADERSHIP to its LEADERS and allow their junior officers and leaders to actually take all those courses and classes that they promised me upon joining that they have all have since cut completely and turned into some computer-based [training]. (NC survey open-ended questions, Respondent 242, June 6, 2016)

> It's important for leadership to be involved and set an example. I have had terrible leaders since earning my commission. They have no problem calling junior nurses in, but will not put scrubs on and work on their unit. Instead, they would rather make the [junior officers] work seven 12hr shifts. Family life is important, and I never thought I would get out after my 10-year mark; however, I'm seriously considering it now after my first command as an officer. (NC survey open-ended questions, Respondent 382, June 13, 2016)

> [Division officers] and department heads never get on frontlines/units with their people yet they are credentialed to do so. Show us what you got! Demonstrate your awesome nursing! (NC survey open-ended questions, Respondent 283, June 13, 2016)

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[3] For the duration of the thesis, where applicable within the excerpts, acronyms have been replaced and spelled out long-form for the reader's ease in understanding non-provider designators and specialties. These acronyms do not appear on the abbreviation list. Spelling and grammatical errors have not been altered to retain the intent and tone of the responses.

Everyone's work-life balance counts, regardless of whether you are married, single, have children, are childless. Sometimes there are perks for one, not for the other. I realize it cannot and will not always be fair, but there are many in leadership who have been around too long and have not evolved toward trying to help achieve work-life balance. (NC survey open-ended questions, Respondent 351, June 8, 2016)

CONSIDER LOOKING INTO CIVILIAN LEADERSHIP THAT DOES NOT SHOW ANY CONCERN OR RESPECT TO MILITARY NURSES AND THEIR LIFE-WORK BALANCE. (NC survey open-ended questions, Respondent 518, July 15, 2016)

Terrible leadership who continually "pass down" or delegate their responsibilities, looking for ways to make their lives easier and lessen their workload. This places a tremendous burden on their subordinates, which creates a dysfunctional and "hostile" work environment that lowers overall moral. I have seen and experienced this first hand as a former HM [Corpsman] and current NC officer. I have seen too many tremendous JOs adamantly express their "NEED" to get out of the Navy due to terrible leadership. (NC survey open-ended questions, Respondent 103, July 6, 2016)

Unreasonable expectations by leadership r/t the ability to see patients in 20 minutes' time (without any consideration as to how complex the patient's conditions/needs are), produce a perfect 3+ page report from AHLTA [Armed Forces Health Longitudinal Technology Application], review labs/[radiology]/etc. and call THOSE patients/document the [telephone consults] in AHLTA, do the required online training requirements from [Navy Knowledge Online] etc. and be able to go home at a reasonable hour. BUMED's standards for clinicians in direct patient care do not consider all of the military requirements. Consider—if you review the BUMED training requirements; a member needs over 40 hours of training a year. (NC survey open-ended questions, Respondent 319, June 16, 2016)

An overwhelming [sense] of responsibility and commitment to duty. It is difficult for me to put down the never-ending demands of work and divert my attention toward my family even though I know I should. Often, the importance and urgency of work to be done is expressed by leadership as imperative and that it must be done now. That makes it very hard to walk away and say I am going to spend time with my family instead. (NC survey open-ended questions, Respondent 499, July 15, 2016)

The cited comments describe leadership that does not draw upon the tenets of the current professional practice model adopted by the NC, including professional development and transformational leadership (TL). Leadership has the ability to effect change in both negative and positive ways. The above statements reflect more of a transactional leadership (TA) approach when the goal is to provide TL. A study in 1995 by Medley and Larochelle first discussed the idea of how TL contributed to an increase in retention rates and satisfaction felt among nursing staff. The idea of TL is to promote change and cohesion by building on an innate sense of loyalty and desire to do more for the leaders and their goals. In the case of the NC, the overall goal is for the NC to be regarded as a collection of transformational leaders who are willing to support the ups and downs of its corps and personnel, knowing that there will be an overall benefit to both the Navy and the NC.

Within the survey category of leadership, it is important to note that respondents view leadership not only as an outside entity acting upon the nurse in non-leadership roles, but as a barrier to the nurses holding leadership positions as well. Though persons in leadership experience the barrier in a different capacity, it also affects their LWB. Evidence of this is shown in the following excerpts.

> The demands placed on senior leadership as a 24 hours a day responsibility preclude consistency in my home life. While my family understands the role and reasons for my absence that does not make it any less impactful. When I am home, I am often dealing with command issues or thinking about issues. That does not go unrecognized by my family. They sacrifice so I am able to serve. (NC survey open-ended questions, Respondent 482, July 15, 2016)

> Expectations of my role as a department head. Based on approved [full-time equivalent] deductions for my role, I should be working 0.2 [full-time equivalent] clinical. Given access concerns, and severe understaffing (both additional provider staff and administrative support staff), I am currently scheduled for at least 30 clinical hours every week, which ends up requiring significant overtime at work to meet my administrative responsibilities. My laptop comes home with me every day, and I spend another 2 hours in the evenings

trying to keep up with administrative responsibilities. Keeping my head above water seems to be the goal—with no time or energy left to try and improve anything within the department. Chain of command does not seem to understand or support one of the busiest departments in the hospital with the required administrative support, and every time we lose a provider, it takes six months to get a replacement (civilian). (NC survey open-ended questions, Respondent 483, July 15, 2016)

The demands of the job are much more than just 40 hours per week as a leader. Administrative responsibilities, such as awards and [fitness reports and evaluations], often must be done at home free from interruptions that occur in the workplace in order to ensure I produce the best product to recognize the hard work of my people. With every passing year in the military we are 'Doing more with less.' This comes at the expense of family or down time for many serving in today's military. (NC survey open-ended questions, Respondent 364, June 10, 2016)

The key issue is that I am on call 24/7 being a leader. A sort of 'parent' for the junior personnel. While at times it is extremely rewarding, at others it drains you completely. Specifically, in this area, people are pulled every which way to work more and more...if you work 40 hours why can't you work 50? If you work 50 why can't you work 60? Add in the commute time, etc. ...it's draining. (NC survey open-ended questions, Respondent 404, June 17, 2016)

Job demands combined with a sense of responsibility and work ethic to get those demands finished while assuring appropriate efforts to advocate for my staff to have a good work/life balance. (NC survey open-ended questions, Respondent 228, June 6, 2016)

Ascertaining the aspects of leadership that NC populations view as impeding a balance between work and life is important because the leaders within the NC are in positions that could influence policy reviews and changes. Leadership positions are only identified in a few of the responses. This is key because in the NC leadership can have varying definitions, whether at the clinic level, hospital level, or BUMED (executive) level, and the anonymous nature of the survey prevents us from determining the level of leadership without an explicit statement. At the most basic level, it is important for leaders to

understand how they are perceived to be able to positively affect morale within the workplace.

b.   Promotion Culture

There are certain perceptions of the NC culture that are visible at all levels of rank. One that stands out is the perception that work needs to be a priority over outside activities, and this is evidenced by repeated statements regarding how upward advancement is viewed within the NC. The following statements provide examples of how promotions and work ethic are regarded.

> Trying to remain competitive for promotion can be stressful. Some of our jobs can be very demanding, but we must take on additional collateral duties in order to make ourselves stand out to ranking boards. For me, it seems like I have always put my family last in order to devote myself 110% to my role. By the time I would come home, I had little to give to my family. (NC survey open-ended questions, Respondent 673, July 25, 2016)

> Time at work seems to be valued more than productivity. Some days I am done with all my tasks or work but just sit here because you can't leave early. My job would benefit from non-traditional work hours such as less days/more hours, work from home one day a week. (NC survey open-ended questions, Respondent 271, June 6, 2016)

> The Navy Nurse Corps promotes based on participation in collaterals vice excellent performance of one's primary job. Having to commit to numerous collaterals in addition to my assigned job requires an excessive amount of time at work. Without participating in time-intensive collaterals that produce tangible results, I will not obtain a promotion. (NC survey open-ended questions, Respondent 462, July 14, 2016)

> The expectation is that in order to promote, we have to go above and beyond our duties with extra collateral duties. It would be nice to be awesome at my primary job and be judged for promotion with that fact instead of being judged on mostly the impact of collateral duties. At times leadership's expectation stated or not is that we have to stay 9 to 10 hours M–F and work on weekends to show that we are dedicated to our work. There is got to be a better way to balance all of this. (NC survey open-ended questions, Respondent 176, June 5, 2016)

Fear of reprisal on fit reps for speaking up about scheduling/staffing problems (NC survey open-ended questions, Respondent 473, July 14, 2016)

I feel that the Nurse Corps is very competitive, and if you don't make that sacrifice, then you may not be recognized for your hard work when it comes time for [fitness reports]. I have postponed having children so that I can remain competitive within my community. (NC survey open-ended questions, Respondent 433, July 7, 2016)

Having to deal with the incessant need to perform extraneous collateral duties and volunteer time outside of work to obtain work related [fitness report] bonus bullets to ensure an ever-increasing ranking score (moving to the right) interferes with my ability to enjoy very limited free family time. (NC survey open-ended questions, Respondent 176, June 5, 2016)

Expectations at work are demanding. If you don't put in the overtime, then it appears that you are not as committed as your colleagues. This becomes important when [fitness reports] are due, and you are ranked against others. (NC survey open-ended questions, Respondent 383, June 13, 2016)

Being dual military and both senior ranking makes it very difficult to "do it all." Time is a huge issue. You have to choose between attending awards ceremonies at work for your personnel and awards ceremonies at school for your children. When you opt for the right thing (your kids), the military doesn't always know that these are daily decisions that one has to make. It just "looks" like you don't care. (NC survey open-ended questions, Respondent 274, June 6, 2016)

As a single service member who has not had a long-term partner, I haven't really had any outside demands on my time at home, but certain work positions I have held (particularly in outpatient settings both[within the continental United States] and [outside of the continental United States]) have made me work longer hours to meet work expectations. I spend more time at work than I would like, and I feel that it is necessary in order to do my job well and get promoted. For me to even "meet expectations," I have needed to work between 40 to 60 hours per week. In smaller commands, the duties can also pile on. To go "above and beyond" and "break out" from my peers, it takes even more than that. (NC survey open-ended questions, Respondent 415, June 21, 2016)

The expectation that quantity of hours worked is just as important (if not more) than the quality of work produced during those work hours. 2). The expectation that in order to be competitive when compared to peers, one must excel at their assigned full time job while also committing time, effort, and energy towards a variety of collateral duties that may or may not be related to primary job responsibilities. (NC survey open-ended questions, Respondent 35, June 2, 2016)

In the military, the current promotion structure only allows for an up-or-out path, based on the Defense Officer Personnel Management Act (DOPMA). There is no allowable pathway for those who would like to remain in their current role, whether it is clinical or technical in nature, without the anxiety of having to promote. Additionally, the shift of LWB toward the family is perceived as negative if the military member wishes to stay in the military, to continue to be promoted, and to take on additional responsibilities. This perception filters down through the rank structure and has become an accepted part of the overall culture within the NC. The unfortunate result is that many active duty nurses express the feeling that the NC does not value LWB and places a higher value on work at the expense of family life.

c. Non-Clinical Aspects

Many of the recognized barriers to LWB focus on issues that are non-clinical in nature and, in the case of childcare, are outside of the clinical setting. Respondents overwhelmingly focused on these barriers as having some impact on their ability to obtain LWB. The following excerpts highlight the most common non-clinical factors that the respondents viewed as having the largest impact against the ability to achieve LWB.

> #1 issue: balancing daycare and duty. (NC survey open-ended questions, Respondent 238, June 06, 2016)

> Affordable and convenient childcare has been my #1 difficulty with dual mil and 3 kids <7yrs. Waitlists for base [childcare development centers] are always 1yr plus. (NC survey open-ended questions, Respondent 69, June 3, 2016)

All the "mandatory" fun after work that do not allow me to go home when I want to go home. Things such as "wardroom" meetings after work and command [physical training] AFTER work. Being coerced into attending command functions with "guilt" trip comments that if you want to be a leader, you should attend. This is very common at small commands. (NC survey open-ended questions, Respondent 558, July 18, 2016)

Although it probably falls into the "life" category here—school is my biggest barrier. My work I can complete, usually within the normal workday. Interruptions occasionally cause an issue, but in the overall, I have a good balance. (NC survey open-ended questions, Respondent 542, July 18, 2016)

The incessant SWANK [healthcare] and other softball trainings that get in the way. I've squeezed in 55 since Sept. To what end? (NC survey open-ended questions, Respondent 363, June 10, 2016)

Child care is the biggest issue. [Childcare development center] has limited hours, which makes it limited for my spouse to have a job. (NC survey open-ended questions, Respondent 148, June 4, 2016)

Child care that covers nurses 12–14 hour shifts. My son is bounced around so much due to the fact that my husband and I both work rotating 12 hour shifts. I have also been told that my time off is not really my time off, and I can be called in whenever they need me. This idea makes it difficult to plan family activities. I constantly feel burnt out. I have questioned my decision to become a naval officer multiple times since becoming a nurse. Navy medicine is not compatible with family life. (NC survey open-ended questions, Respondent 382, June 13, 2016)

Collaterals. Trainings. Last Minute Taskers. All of the extra stuff that sucks up time away from your primary job. (NC survey open-ended questions, Respondent 263, June 6, 2016)

Command PT at 1630 twice a week for an hour. Wardroom once a week @ 1700. Dining-In and Dining Out twice a year. HM Ball—babysitting once a year. Monthly morning run @ 0500. Extended clinic hours until 1800, so no definitive end to my day. Weekend hours, so unofficial "on-call" when COC "needs" services. Command Picnic during lunch time hours that for one, did not invite family, two did not have family events. Yet, I could see another command across the field with bounce houses. I understand these are military functions, and I love the military. But there is a constant frown on the COC if we do not get involved in ALL activities. The

after-hours PT cuts into my children's sporting events so I miss the PT. I do, however, run in the AM and swim in the evening, but I don't appear to be involved in the command because it is not during the designated hours. (NC survey open-ended questions, Respondent 409, June 17, 2016)

Finding quality affordable daycare is an issue. The waiting list for the CDC is long. We have had our child's name on the waiting list for over a year, and we are still waiting. Additional options, such as the home day care, appears to be of lesser quality and requires a significant waiting period as well. (NC survey open-ended questions, Respondent 512, June 15, 2016)

Having an electronic leash (e.g., cell phone, blackberry) and being expected to be available to respond to work related issues at all times including after hours. (NC survey open-ended questions, Respondent 234, June 6, 2016)

Having to deal with the incessant need to perform extraneous collateral duties and volunteer time outside of work to obtain work related [fitness reports] bonus bullets to ensure an ever-increasing ranking score (moving to the right) interferes with my ability to enjoy very limited free family time. Being constantly on-call for civilians who utilize "sick days" as vacation puts strain on my family, especially when we have plans prepared for the same timeframe. (NC survey open-ended questions, Respondent 62, June 03, 2016)

Heavy demand on seeing patients without time to complete collaterals. Collaterals are done on own time, prior to after work, including weekends at times. Lunch meetings do not allow us to eat most days, because telephone consults and Relay Health messages need to be answered during lunch as well, and if not done, need to be done after work hours, causing late work hours. Shortage of medical providers and allowing medical corps to take additional time off for their collateral duties (as seen more important) and nurse corps collateral not as important and no time deducted from [relative value unit] template. 10–12 hour work days are the normal work hour days, which are not allowed to be charted in DHMRSI [Defense Medical Human Resources System] from business staff in clinic. I have not been allowed to take my 30 days of leave over the past 3 years. Also, we are unable to take more than 5 business days off, limiting travel to see family. (NC survey open-ended questions, Respondent 560, July 18, 2016)

I am a single mother of an infant stationed overseas. Childcare makes it difficult to perform some of my duties. My [child] would

always be with a sitter if I was as involved in my previous command. (NC survey open-ended questions, Respondent 605, July 18, 2016)

In addition to working 45 hours per week or more we cover at least one 24-hour duty a month (and often multiple). With trainings and mandatory meetings, there might be 4–5 days per month I am not at work in some capacity. Then add in collateral duties on our own time. The bare minimum staff is considered acceptable throughout the hospital even if much of that staff has minimal experience (a body is a body, it does not matter how long they have been in their role). Night shifts are necessary but do not make it easier to function during the day with meetings and duty. Being a commissioned officer without liberty for actions that occurred hundreds of miles away is frustrating. It has been a great career, but with nursing there is a clear path laid out to make rank, and I no longer care to follow it. That future would be taking on leadership positions in addition to fulltime hours with almost no work-life balance, I would rather throw in the towel where I am at. Without broadening career options for nurses beyond [Certified Registered Nurse Anesthetist] (a great option for those interested) and [Clinical Nurse Specialist/Nurse Practitioner] (many who never get to practice as either once they graduate). I have seen some of the best separate, and I completely understand why. (NC survey open-ended questions, Respondent 523, July 16, 2016)

Child care on base matching hours that hospital staff needs—weekends, 12 hr shifts, night shifts. When I was an ENS in 20xx, I was reporting to xxxx with two kids, and my husband was still stationed in xx. I could not find anyone willing to watch two kids on nights and/or weekends, knowing that as a brand new nurse in the Navy, I'd be put on a ward working 12-hr shifts. My [family member] ended up retiring early (which she continues to hold over my head) and moving in with us. (NC survey open-ended questions, Respondent 267, June 06, 2016)

Living [outside the continental United States] with xx children under 5—and living on base—there is not much in the way of extra support. I can't hire a nanny because of base housing rules... and even if I went through a private company, they can't access base. My children are dropped off at daycare at 0610 and picked up at 1750 and in bed by 2000 because we wake them up at 0530 to start the day. Then there are after hours meetings and before hours inspections—I can't do it all. I love the Navy, and I love my family—but the Navy is a very intrusive mistress. She interrupts a lot. I have missed Mother's Day/holiday celebrations at their school because

of an "emergency." My husband (also active duty) receives texts at all hours for things that could wait until tomorrow. Leave that is local has been interrupted for knee jerk reactions. I came in on maternity leave to handle things because "it was just easier to ask you." I have had to shift my own focus in order to have better home life. If I didn't have 13 years in, I would strongly consider leaving the Navy that I love so much. But I can't sustain the constant demands and intrusion on my family—something is going to have to give, and unfortunately it will be in the form of my career path. (NC survey open-ended questions, Respondent 410, June 19, 2016)

The amount of responsibilities I have and the time I have to complete them. Sometimes it feels that meetings and e-mail make you non-productive because if I keep up on them, I do not have time to sit and work on all the other things I am already committed to. (NC survey open-ended questions, Respondent 435, July 09, 2016)

While the information passed on childcare is out there, there is very few options for people working the 12 hour shifts. Wait lists are around 1–2 years, and there is no compensation for having to pay high cost childcare out in the civilian sector. There are not enough spots to accommodate active duty personnel. Due to low staffing, I am working at least 12–16 hours overtime every pay period. Sometimes working four 12 hour shifts in a row... or like next week, three 12s, a 24-phone watch, followed by three more 12s. I feel burned out. No energy when I get home to do anything or to spend much quality time with my family. I do not have the support from my division officer. I feel it is where I am at, I do not believe the whole Navy is like this... but due to these issues and others I have had to strongly consider exiting the Navy. I always thought this would be my career, the best population to serve as a healthcare worker, and I am being driven away by poor leadership, lack of care for your floor workers, and lack of options when it comes to childcare in a very high cost of living station. (NC survey open-ended questions, Respondent 597, July 18, 2016)

There are some inpatient units where you are not given time to perform your collateral duties during working hours. This means you have to come in on your days off to get those duties completed, which means more time away from home to take care of your personal life. I have worked on units where leadership has been great at covering for you while you go to committee meetings and/or command functions, and I have been on units where leadership absolutely does not cover you and requires you to come in on your off time. I understand having to do that to a certain extent

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when you are new and paying your dues, but after several years, your personal life should be factored into these things, and you should be allowed to complete everything during working hours as much as possible. (NC survey open-ended questions, Respondent 515, July 15, 2016)

Realizing that nurses have a high sense of duty and commitment, those in leadership positions should strive to be aware of how non-clinical issues can impact their personnel. There is sufficient corps-wide concern on some issues, like childcare and mandatory functions, to allow for deeper examination of policies to assist with alleviating the related strain. For collateral duties and associated meetings, it may be useful for leadership to reevaluate the impact of both and restructure or reorganize as necessary to allow for completion of these duties via avenues that have not been previously considered.

d.   Staffing and Inflexible Time Management

Civilian nurses also experience time management issues that contribute to an imbalance of life outside of work. This type of imbalance was found in two studies, one by Mullen (2015) and one by Jacobsen et al. (2014), which both showed that difficulties with time management not only increase stress but also increase dissatisfaction with the job. The following excerpts show the areas of time management that current active duty nurses feel contribute to stress and job dissatisfaction.

> Working at a smaller overseas command means less staffing with the same amount of workload that any hospital requires to run smoothly. It is nauseating to see important issues go unchecked and not worked because of the lack of clinical deck plate practitioners. This creates a major patient safety risk if these clinical issues were to remain uncorrected. There are simply not enough people who have the clinical know how and experience to see these issues through or to even recognize them. This puts tremendous pressure on deck plate practitioners to see that these issues are corrected. A lot of times, these issues involve multiple departments and corrupt multiple systems, requiring extensive amounts of time to correct and work through. Though there may be junior sailors to assist you, they may not have the clinical expertise to truly work the issue without your constant vigilance, input, or

simply your 100% action. I have found it very difficult to conduct every day work life balance when there are tons of issues that continue to fester that directly translate to safe patient care. Isn't that the mission? Provide safe care to our families and [active duty] service members? If there are outstanding issues that prevent the successful completion of that mission, then shouldn't we work the system and improve it to the point where we can say the mission is successfully underway? It is my opinion that we should all think this way, but what if there are simply not enough people to support this? Don't we all want to go home and support our families too? I am also a mil-to-mil [active duty] service member; my wife is an xxx as well. Two members working in two different departments on shift work is logistically difficult to begin with. Throw in excessive amounts of watches and collaterals, and our work life balance is skewed quickly. We do the best we can to get 4 days a month off together, keeping in mind the needs of others in our department and our collateral duties/responsibilities. (NC survey open-ended questions, Respondent 186, June 6, 2016)

Work hours. I work at least 9 hours a day times 5 days a week and only get to spend about 2 hours a day with my children (they are under 3 and go to bed at 1930). I try to spend as much time on the weekends as possible with them and my husband. (NC survey open-ended questions, Respondent 479, July 15, 2016)

With older children engaged with extracurricular activities and weekend obligations, my current work hours can and have been a barrier to allow me to engage with their school related activities. In addition, my current marital relationship has suffered additional strain [due to] workplace obligations and ability to remain flexible with my home life/work balance ability. (NC survey open-ended questions, Respondent 345, June 8, 2016)

We are short staffed. Currently working 14–16 shifts, with 4–5 24hr on call days per month. There are other staff members within the command who are qualified to stand these watches as well, but are currently being utilized to stand [officer of the day] watches, "so the [officer of the day] personnel do not have to stand more than 1 per month." (NC survey open-ended questions, Respondent 537, July 18, 2016)

The amount of hours we are scheduled, plus call days, and collateral duties leaves little to no time for ourselves. (NC survey open-ended questions, Respondent 532, July 17, 2016)

Staffing issues on the unit often result in receiving a phone call to come into work out of the blue, last minute schedule changes, and on-call days that are not returned to you. Makes planning a life outside of work very difficult. Leadership doesn't seem to care that patient safety is at risk when staffing is not adequate. (NC survey open-ended questions, Respondent 527, July 17, 2016)

Staffing and manning issues at the [medical treatment facility]; denying leave or special requests; constantly changing schedule at the last minute; receiving my schedule late and not being able to plan properly. Commute to and from work. (NC survey open-ended questions, Respondent 141, June 4, 2016)

Lack of staffing often leads to increased demand to stay past scheduled time. This leads to preparing for the following day until a later time, then further cutting into time that could be spent helping with family obligations. (NC survey open-ended questions, Respondent 395, June 15, 2016)

I currently work in the [post-anesthesia care unit/ambulatory care unit] where the shifts are 0730–last surgery or 0900–1700. We are required to muster at 0645 three days of out the week because that's when the rest of the MOR team musters before the start of their shift at 0700. It is small things like this that take away from sleep, increase work load, and decrease work/life balance/ HEALTH balance. Also, because we are so understaffed, we hold 24 hour watches amongst three nurses, also to include holding the [nurse of the day] duty, roving barracks, and [post-anesthesia care unit] after hours duty. My commander literally said this to me the other day "It seems like you [post-anesthesia care unit] people don't want to work more," and this was in a negative tone. It seems to be the climate that WE SHOULD WANT TO WORK MORE without compensation, without rest, because of poor staffing. There is such low consideration for taking care of health care workers, it's always more about WHAT CAN WE DO FOR YOU, and how much work can we force on the staff, with the least amount of staff. I love the Navy, and I take a lot of pride in being a Navy nurse. But when you are forced to work constantly, with no compensation, little sleep, and low amount of family time, the grass is definitely greener on the other side. (NC survey open-ended questions, Respondent 472, July 14, 2016)

I am often required to come in on my "off" days to attend trainings, teach classes, etc. I am "on call" in the middle of a weekend, which prevents me from doing activities with my husband, such as camping. My unit limits the amount of leave days I take and/or

makes me feel guilty when I actually take leave. My schedule is not consistent. (NC survey open-ended questions, Respondent 396, June 15, 2016)

Hours worked in a day that exceed an 8 HR work day and 40-hour work week. Plus, having multiple duties on multiple weekend days per month. For a busy surgery and obstetric center, it is not uncommon to have a 50–60 hour work week plus 3–4 duties that range from 12–16 hours. In some facilities, weekend duty is 24+ hrs. (NC survey open-ended questions, Respondent 98, June 3, 2016)

Having so many on call days where you actually are getting called in makes it difficult to plan things or just relax on off days. Patient ratios are higher than in most states with ratio laws that not only are you left feeling burned out but you are making mistakes or near mistakes. (NC survey open-ended questions, Respondent 41, June 3, 2016)

Getting called in on days off, not being able to take scheduled leave for family vacations, not being able to take time off for family members in the hospital or funerals because of short staffing, switching back and forth between day and night shift; "compensation hours" from being called in or staying late rarely get used, missing holiday time. (NC survey open-ended questions, Respondent 102, June 3, 2016)

Expectations of my role as a department head. Based on approved [full-time equivalent] deductions for my role, I should be working 0.2 [full-time equivalent] clinical. Given access concerns, and severe understaffing (both additional provider staff and administrative support staff) I am currently scheduled for at least 30 clinical hours every week, which ends up requiring significant overtime at work to meet my administrative responsibilities. My laptop comes home with me every day, and I spend another 2 hours in the evenings trying to keep up with administrative responsibilities. Keeping my head above water seems to be the goal—with no time or energy left to try and improve anything within the department. Chain of command does not seem to understand or support one of the busiest departments in the hospital with the required administrative support, and every time we lose a provider, it takes six months to get a replacement (civilian). I've lost 3 in the last 3 months, and as of yet don't have approval to hire any of the positions back. Once approval occurs, it takes another six months to get through the hiring and security clearance process. I can't even get to trying to hire into the administrative vacancies in the department because

we need providers desperately to meet demand. Can never catch up.... (NC survey open-ended questions, Respondent 483, July 15, 2016)

Currently, I'm standing 3 watch bills on top of my full time job. This leaves few days of the month that I'm not either at work or on call for something. It makes it difficult to take leave as well. I'm at least able to see my family most days. (NC survey open-ended questions, Respondent 229, June 6, 2016)

24 hour on call duty 8 times a month. Especially in a command where the [mother-baby unit] nurses refuse to do their own C-sections and the [operating room] nurse are called in at 0200 to do a case while [mother-baby unit] staff doesn't help. (NC survey open-ended questions, Respondent 459, July 14, 2016)

The balancing of having to perform shift work and being required to come on your off shift days to complete collateral duties. (NC survey open-ended questions, Respondent 377, June 12, 2016)

The time management concerns mentioned here do not encompass all of the responses that listed time management as one of the biggest contributors to stress and job dissatisfaction. The largest number of responses were related to staffing issues. Respondents saw staffing as the underlying factor for the increase in on-call scheduling, fewer days off, cancelling of leave, and not receiving time off for holidays. As discussed in Chapter II, accidents and the ability to effectively care for patients both have a direct correlation to poor time management and increased worked hours versus being provided with the opportunity to recover from stressful situations, such as clinical work or extended 12-hour shifts.

e. *Sense of Personal Responsibility*

In some respondents' cases, there is a notion of the self as the barrier to having a balance between work and life outside of work. This sense of duty and purpose is one that is inherent to nursing in general and is exacerbated by the sense of duty that those in the NC feel in addition to their role as healthcare workers. The respondents also attest to their own sense of duty, acknowledging the imbalance that continues to permeate their home lives. Responses focused

on the service members experiencing increased time away from home, missing children's events, or suffering from general fatigue which makes it impossible to be continually engaged at home. The responses below offer insight into how some NC members feel concerning their own sense of duty as the barrier to LWB.

My own sense of responsibility to my job. (NC survey open-ended questions, Respondent 185, June 5, 2016)

I am probably my own barrier to my life-work balance. I often choose to be more involved at work or partake in extra work activities. (NC survey open-ended questions, Respondent 609, July 19, 2016)

First, I love my job and love serving in the U.S. Navy. I always knew I would retire from the Navy. I have "checked all the boxes," that are "required," of a Nurse Corps officer. The Navy has taken good care of my family and me. As a staff/floor [registered nurse], I never knew about the behind-the-scenes work that happened in clinics, and it was a lesson I learned when I became a nurse practitioner. While DMHRSI says I work approx. 40 hours a week; I am actually in the clinic 60+ hours/wk. I come early to prepare for the day, start clinic at 0800, and stay after work 1–3 hours to finish AHLTA notes, call patients back (or initiate [telephone consultations]), complete collaterals. I am now feeling the strain of a lack of work-life balance as I don't see my family as much as I did when I was a staff [registered nurse]. I have always put the Navy and my career first, and I feel guilty about this. If I didn't, I would not have made it this far ([duty under instruction], promotions). Now I feel tired. I want to retire when eligible. I feel drained from work and the pressure (direct and indirect) I feel from my superiors. I feel like an empty shell by the time I get home because I exert much of my mental energy here. I know I don't have to come in early everyday to prepare for work, but I like to be prepared for my patients. I recognize that the barrier to my work-life balance is my work ethic. (NC survey open-ended questions, Respondent 44, June 3, 2016)

As a clinic [officer in charge], it is common for me to be the first one at work and the last one to leave. I could leave sooner, as my particular work duties are done, but as a supervisor, I feel the need to stay until everyone's job is done. (NC survey open-ended questions, Respondent 412, June 20, 2016)

I feel a great sense of duty and obligation toward my position, my staff, and my collateral duties such that I often will come in early/stay late in order to ensure things are getting done properly and that my team knows I am there for them, leading from the front. I have, at times, sacrificed my relationship with my family in order to meet deadlines or build relationships with my unit. I am blessed to have a spouse who has put up with this over the last few years, but I recognize that it is unsustainable and unfair for me to put work life above family life. Without my family, I am nothing. I have come to a point in my life where I am no longer willing to pursue career enhancing opportunities if the time-involvement jeopardizes my family time. It is especially demoralizing when the extra time spent at work is on trivial bureaucratic matters that would be nonexistent if I returned to the civilian workforce. I suppose I would not have as many issues with work-life balance if I didn't take my responsibilities so seriously, but I guess that is my cross to bear. (NC survey open-ended questions, Respondent 421, June 28, 2016)

Key barriers to my life-work balance? Myself. I enjoy work and frequently find once everyone has gone for the day that I am able to accomplish more. This has gotten me into trouble with my family, who assumes I "don't love them" or "don't care about them." I derive great satisfaction from being able to "connect the dots" and to make things happen, especially for others, so I consider this to be a great privilege to serve. (NC survey open-ended questions, Respondent 491, July 15, 2016)

Military job requirements have nearly always required me to prioritize work over personal life at great expense to my family. Work expectations have frequently not been achievable without working a minimum of 12 hours/day and as much as 16 hours/day even on shore duty. We are expected to continue "doing more with less," which is the equivalent of more than 1.0 [full-time equivalent] work all of the time. Many officers-particularly female officers-share my concerns. Our work ethic and sense of responsibility is very high. On top of that, promotion opportunity is limited and there are both unstated and stated expectations that we must take on everything to earn the [early promote] required for promotion consideration. This was less troubling to me prior to having children but now both my spouse and children are adversely impacted. My children are growing up similar to a single parent household. I think it is very likely that I will regret some of my career choices. (NC survey open-ended questions, Respondent 422, June 28, 2016)

Most of the challenges to my life-work balance have been somewhat self-imposed because I see that to meet my career aspirations requires extra effort and extra time outside of my standard work hours. This is especially true during periods where I have been working a shift schedule instead of M–F office type hours because during those shifts, I cannot leave my work center to work on other collateral duties and that time must be focused on the patients in front of me. This means that anything outside of the primary job has to been done on time off. I see this as a huge reason that nurses do not want to stay in the Navy—an over-emphasis on non-job related accomplishments in considering for promotions, special assignments, schools, etc. When there are civilian jobs that let you be a nurse for good money, why do all the collateral duties on your off time? (NC survey open-ended questions, Respondent 170, June 5, 2016)

Sense of duty, much to do and little time to do it in. The duality of clinician and a leadership role is exhausting. (NC survey open-ended questions, Respondent 524, July 16, 2016)

Putting in hours at work is necessary, and those in the NC often show that, like their civilian counterparts, patients and work are placed ahead of family and even themselves at times. While this is a testimony of NC nurses' devotion to their jobs, leadership in the NC and NAVMED must learn to foster a better balance between work and activities outside of work both to address the concerns of those in the NC and to continue to retain the best available talent for NAVMED.

2. How the Navy and Nurse Corps could Improve Life-Work Balance

The following section allowed respondents to provide suggestions that could assist the NC with identifying areas of focus for potential policy changes to better allow for LWB. Specific ideas for future research and recommendations for policy investigation and changes are discussed in Chapter V, but these statements include ideas from all levels of NC officers regarding ways to increase LWB. The following statements addressed the question listed below and allowed nurses to provide input without fear of dismissal from assignment or reproach from chain of command.

- *What could the Navy do to help you achieve better life-work balance?*

Have leadership show that it's okay to put family first sometimes and lead by example. Don't stress we should not stay late to finish tasks, but then we see senior leadership here until 1900 or later. When assigning task prioritize when/what need to work on first so we have more validation that it's okay for some things to 'sit' on our desk for a little while longer than others. (NC survey open-ended questions, Respondent 446, July 10, 2016)

As leaders, we also need to pay attention to our sailors' needs. You must know about them and their stressors. Talk to your sailors, know what is going on. Encourage openness about stressors, and if there is anything we can do to mitigate them. It is not always possible, but often if they see leadership truly appreciates them and what is going on it can dampen the stressors. (NC survey open-ended questions, Respondent 215, June 06, 2016)

I feel that leadership, at least at the unit level, should get to know their personnel and provide them with the resources to ensure family matters are taken care of. The individual's wellbeing should come first before the mission because if the individual cannot focus on the mission (tired, family crisis, feeling unappreciated, unable to pass [physical readiness test] because not given opportunity to [physical training] during duty hours, unable to spend time with family because of having to do collaterals on one's own time, feeling stagnant in career and not knowing what to do next, etc.), then morale goes down, and the mission can become jeopardized due to the individual being unfocused. As a result, everyone else on the team will have to pick up the slack. I feel like when an individual's personal needs are taken care of, we see more productivity from him/her. In addition, when leadership provides and talks in detail with their personnel about the different resources to get their families squared away, the individual will be more focused on the mission when deployed knowing that their family back home is being taken care of. (NC survey open-ended questions, Respondent 596, July 18, 2016)

Recognize quality of work output instead of hours worked. If an individual arrives at work daily at 0500 in order to accomplish the mission, do not chastise the individual when they leave at 1500 because it is before the end of "normal working hours." (NC survey open-ended questions, Respondent 35, June 2, 2016)

Not assume that people who are single and don't have children don't have a life outside of work. (NC survey open-ended questions, Respondent 419, June 23, 2016)

Begin to allow personnel to actually reflect their hours on DMHRSI, to show how many hours they are working. Get rid of the 8 hrs x five days on DMHRSI. Despite guidance, this is still happing in the larger [medical treatment facilities]. Believe me, I would love to be working five eights with no duty like our civilian staff. I don't mind the work either. I just believe we should have a clear picture of what we are doing. The current trend does not allow us to show where our staffing needs truly are and therefore has an effect on morale and quality of life of our junior personnel. (NC survey open-ended questions, Respondent 506, July 15, 2016)

Staffing and adequate specific, on-the-job training has always been an issue in areas where I have worked. To this end, I do think longer assignments in general and not having the expectation that people change jobs every 1.5 years would allow organizations to cultivate experience. But honestly, I feel that in most instances, work/life balance will RARELY if EVER be achieved in any military environment because the mission will ALWAYS take precedence, and that is clear to most people when they join. Still, I have no comparison to what it is like in the private, or "civilian," sector, so I suspect in certain respects the military may offer more "life-work" balance than on the outside. (NC survey open-ended questions, Respondent 415, June 21, 2016)

Provide a better around the clock child care program for those that work in the military in a hospital setting Monday through Sunday. To have open hours for those who have to work past 1800 and also night shift. (NC survey open-ended questions, Respondent 505, July 15, 2016)

Homesteading specialties that don't occupationally require frequent moves, such as nursing and physicians. It would also greatly improve the healthcare environment's efficiency due to continuity. I understand different types of billets are required to help one grow as an officer, but people should be able to establish some sort of community and life continuity if their job doesn't really necessitate frequent moves. It makes no sense to move people every two–three years just for the sake of moving them, not to mention to immense expense to the Navy of moving people. (NC survey open-ended questions, Respondent 438, July 10, 2016)

Increase child care hours for shift workers. They trialed a program at Patrick Wade [childcare development center], but decided that they wouldn't stay open until 2000 anymore. These extended hours really helped my family out, but now I'm back to worrying about who is going to pick up my son since I'm still at work after 1900. (NC survey open-ended questions, Respondent 382, June 13, 2016)

I currently encourage my staff to take time off. Work when needed, but take time for yourself and your family. If your son or daughter is getting an award at school, take special liberty, be there for as much as you can. Time and life is short, do not miss any opportunities to be with your loved ones. There is a saying...the Navy always gets their time and effort from you. There is some truth to this. As leaders, we also need to pay attention to our sailors' needs. You must know about them and their stressors. Talk to your sailors, know what is going on. Encourage openness about stressors and if there is anything we can do to mitigate them. It is not always possible, but often if they see leadership truly appreciates them and what is going on it can dampen the stressors. (NC survey open-ended questions, Respondent 215, June 6, 2016)

Let's be honest, the Navy has expectations of everyone, and we are all known for doing more with less. And if you don't "do more," you are lazy. How about NOT seeing late patients? Late patients affect clinic flow and puts any provider behind every single day because patients feel entitled and feel they should be seen whenever they just show up. Seeing late patients means I get to go home later. How is that fair to any of us providers? Patients get seen whenever, and we go home late, every day. (NC survey open-ended questions, Respondent 44, June 3, 2016)

We (the Navy) do a lot of "TALK" about [equal employment opportunity]; however, when faced with hard issues, I think we still have our heads in the sand. Diminishing the damage that has been done by toxic people in leadership positions with an "I can't believe you aren't over that by now" attitude is completely disrespectful and ignores real issues and essentially reinforces that toxic behavior is acceptable. Ignoring negative work environments at top levels of leadership seems to be our current FAIL—sadly I am seeing it again at other commands. Where is the COURAGE to equally enforce rules, esp. when it involves confronting toxic behavior (bullying in the work center) abusing power, etc.? (NC survey open-ended questions, Respondent 288, June 6, 2016)

Invest in itself. Place people in jobs they are fit for. If they would rather be administrative rather than patient care that leadership

should be fostered. For those that prefer to be an expert and perform in the department and at the bedside it should not be punished by not promoting. There need to be experts/experienced staff (can include civilians) to allow continuity. Not just in the departments and wards. There are jobs being run by active duty that on the outside are a permanent fulltime job. As a result, they are not executed as well in Navy medicine due to constant changing of leadership for deployments and PCS with rushed or poor turnover. Some roles in a hospital should be more fixed and longer term than 6 months–2 years when possible. (NC survey open-ended questions, Respondent 523, July 16, 2016)

The above responses are a sample of the most repeated themes throughout the survey. Although most nurses agree that some changes must be facilitated at the DON-level, there are also those who see the problems requiring a more local solution. Reasons most often cited for a lack of LWB were the numerical lack of nurses for the given jobs, daycare issues, and time management conflicts between collaterals and patient care. The above statements provide a range of additional topics that the NC can potentially look into as it attempts to increase job satisfaction and LWB.

3.   Additional Information for Navy and Nurse Corps Leadership

The "Additional Information for Navy and Nurse Corps Leadership" section was included for the respondents to offer personal insight from those currently working in the active duty component of the NC based on the following question:

- *What else would you like Navy leaders to know or consider about life-work balance?*

The intention of this question was to allow insight into things that may or may not have worked within respondents' various environments. Among the noted responses, some offered possible policy or technical solutions, as well as ways to increase nurses' LWB. Below are a few notable excerpts that provide constructive examples to leadership personnel.

Members sacrifice much for the mission. Engage and ensure staff are balancing, and provide right resources, if they exist, when not. Reduce unnecessary administrative burden wherever possible. (NC survey open-ended questions, Respondent 386, June 14, 2016)

When working for a Navy leader who has never lived a civilian work-life balance, it seems to be extremely difficult for that leader to see the reality of the environment they create. Some tend to live in the past and become a perpetuating proponent of "that's the way we have always done it" or "well when I was an ENS blah blah blah." It requires incredible insight and can have tremendous impact on quality of life if that leader lacks the insight and leadership abilities necessary to lead people. Putting people in leadership positions should no longer be a laissez faire leadership ordeal. Treating your personnel well and taking care of them should be a very serious consideration and should require a very serious application into leadership positions. Just because you have more rank, doesn't mean you are ready for a [division officer] position. Rank is not an indication of leadership ability. More experience CAN translate into better leaders, but we have all seen the exception. The Navy should draw a line in the sand between leadership positions and bedside practice. Only qualified and upstanding personnel should be allowed to fill those leadership positions no matter how small they may seem because that's how important our people are. How does the Navy better retain? Treat your people well. How do we treat our people well? Make strict requirements for positions of leadership and hold those leaders accountable. The Navy needs to get rid of the stigma for LCDRs and [commanders] to be working bedside even if it's simply occasionally. You should be viewed as a BETTER leader for maintaining your bedside practice and that should be reflected or even built into our [fitness reports]. (NC survey open-ended questions, Respondent 186, June 6, 2016)

When everything is important, nothing is important. Figure out what is really important for us to provide high quality patient care—what makes us a high reliability organization and stick to that. Get rid of all the other extraneous and unnecessary fluff, and we'll have more time to spend with our families, strengthening our resiliency. (NC survey open-ended questions, Respondent 339, June 8, 2016)

Navy leaders need to engage with their people, ask about home and work to try and ensure that folks understand the balance is important. Give folks flexibility to make decisions on liberty, on reward at the department or floor level—empower mid-level leaders to give back to their people and recognize when their folks need support or need a break. (NC survey open-ended questions, Respondent 204, June 6, 2016)

The stress of doing more with less is beginning to bleed over into home life like it hasn't ever before. These last few years, especially,

are taking a toll. If you want Navy medicine to be more efficient, find an efficient system and copy it exactly. Just commanding hospitals to figure it out is a poor execution of leadership. (NC survey open-ended questions, Respondent 516, July 15, 2016)

Also, a more scheduled deployment regimen would be preferred taskers when possible. Have dedicated personnel on a schedule in conjunction with their PCS if possible. Example: Complete 3-year tour, make available for deployment, then family to meet up at new duty station. Rather than interrupt in the middle of a tour. (NC survey open-ended questions, Respondent 537, July 18, 2016)

Learn how to lead without your rank. We hear endless lectures about "taking care of your people;" however, it seems that if a person does have issues that takes away from the Navy leadership, then they are dealt with harshly. In the Nurse Corps, it was always assumed among ourselves that "those that can do, get out." The leaders we saw and dealt with could never do so; they rushed to get into admin as fast as they could and just dumped on the unit "the trenches" as much as they could. They could not do so the became "Leaders." (NC survey open-ended questions, Respondent 568, July 18, 2016)

While I want the Navy to be engaged in life-work balance issues, I think it is important to impress upon sailors that this balance is a personal choice. If you give your life to the Navy, it will take your life and use it up. We as leaders have to be conscious of this and make sure our sailors not only hear us saying this, but also see us living this out. I think we as leaders do a good job of talking about life-work balance, but we do a horrible job of practicing what we preach. Our sailors need to see us involved and engaged with our families and see us making them the priority.

Reducing unnecessary administrative tasks, providing more transparency for detailing and staffing decisions, retaining proven leaders as personnel, and looking to civilian hospitals for ideas on how to accomplish the aforementioned were all suggestions provided in the responses to this section. Nurses are passionate about their jobs, and Navy nurses are passionate about both the patient and military aspects of their jobs; however, they have shown they are extremely frustrated with the NC.

D.   SPOUSAL RESPONSES

Spousal responses were limited, with only 25 spouses choosing to respond. The spousal portion of the survey was provided to allow for additional input regarding LWB to come from a source other than the military member. The survey consisted of 41 Likert-scale questions and three open-ended questions to allow for further input if the spouse desired to provide information beyond what was gathered in the Likert format. Due to the limited number of responses, the researcher did not analyze the data for the Likert-scale responses. The open-ended questions did have notable similarities to the results provide earlier in this chapter, and excerpts are shown following each question that was addressed.

- *What are the key barriers to your Sailor's life-work balance?*

Long hours at work and lack of appreciation from work leadership contributes to burnout and exhaustion, which carries on at home and manifests as too much exhaustion to do anything. We often eat fast food because we are too tired to cook by the time we get home and we gain weight. The cycle just perpetuates. (NC spouse survey open-ended questions, Respondent 126, June 6, 2016)

THERE IS NO SUCH THING AS LEADERSHIP IN USN NC. I can cite extensive examples over 13 years of marriage of the utter lack of any leadership in the Navy Nurse Corps and Navy medicine in general. Patient care is patient care, and it is easy to partition that aspect of her career; it's the […] individuals that the Navy has put in positions that put the most strain on our family. She'll go until retirement, then be done with the Navy. I have had to Request Mast, submit [interactive customer evaluation] comments, and help her with [inspector general] complaints over the years, and even addressed issues with BUMED. When there is no faith in a supervisor to act as a leader, or even manage the basic functions of schedules, supervision, and career growth, then the service member will always wonder will happen next. The apprehension for the future, based on the knowledge that nothing has been managed properly in the past, has impacted us. I have no expectation of it ever being fixed, or that anyone truly cares. Our bottom line is that we're a dual active duty family managing two high paced careers and have no recourse to fix the abject leadership failings of the Nurse Corps. (NC spouse survey open-ended questions, Respondent 267, June 6, 2016)

Inappropriate staffing levels—no department head should be responsible for 110+ people, especially when composed of all ranks from E2–O6, civilians, and contractors. "Middle management" gets absolutely CRUSHED in the Nurse Corps. The 10% who work hard do 100% of the work—it seems that O6 NC officers are far more interested in perpetuating the notion that they will "eat their young." (NC spouse survey open-ended questions, Respondent 274, June 7, 2016)

Additional duties beyond a comparable nursing position in the civilian world are time consuming and interfere with supposed "days off" from work. Having to perform up to 60 extra hours of work per pay period means what little time there is home needs to be spent sleeping and catching up on household chores that stack up. This leaves very little time for personal enjoyment and seldom results in long continuous blocks of time off (comparable to a weekend) We have wasted thousands and thousands of dollars on holiday airfare etc. because work shifts are not scheduled in advance, and we have to always buy tickets last minute or else risk not getting refunds. (NC spouse survey open-ended questions, Respondent 523, July 17, 2016)

My husband's own personal drive to take care of emails/work requests as soon as he gets them. So, if an email comes in at 6PM at night, he will immediately answer the email. (NC spouse survey open-ended questions, Respondent 230, June 6, 2016)

My wife is a Navy nurse. She is very proud of being a nurse and an officer in the Navy. Over the course of her short career, she has been extremely frustrated with her leadership and scheduling while stationed on the antepartum floor at xxx. Both have directly impacted her life-work balance in a negative manner. My wife's leadership is very reluctant to grant leave and often call in military nurses to cover for civilian contract nurses, even on days when not "on call." It's something that often stresses out my wife. She and the other military nurses on the floor are always worried about being called in and never seem to be able to truly enjoy time off. It's something I hear them talk about often. Additionally, she has been over scheduled frequently. Recently, she worked 12 out of 16 days. Even on off days, she's still at risk of being called into work. Her floor has also failed on multiple times to put out a schedule till a few days before it went into effect. Scheduling trips or planning family visits have been difficult as a result. As a xxx in a "fleet squadron," it's difficult to see my wife deal with this kind of schedule. Time and predictability are two of the biggest things you can give people as a leader in the Navy, and her floor is failing her horribly in this regard

(NC spouse survey open-ended questions, Respondent 518, July 15, 2016)

- *What could the Navy do to help your sailor achieve better life-work balance?*

Have the right sailors in the right job, so there are enough competent people sharing the workload. Leadership show a little appreciation. Let people take leave and don't bother them when they are on leave or on liberty. Not communicate so much via email, especially after work hours. Duty phone should be for emergencies, not for last minute taskers that didn't get assigned during the day. (NC spouse survey open-ended questions, Respondent 126, June 6, 2016)

Actually, allow my wife to use the leave days she has accrued. Leave is an important tool to keep naval personnel refreshed and engaged. I understand the needs of an organization with a high operational tempo. But even at a squadron preparing for deployment, we found space to give our sailors time off when requested. It just requires a little extra planning and management from leadership. Leaders who truly care and are invested in their people make it happen. (NC spouse survey open-ended questions, Respondent 518, July 15, 2016)

In my work experience, my organizations gave employees training on ensuring work-life balance and burnout prevention. I don't think he's ever heard the importance of what work life balance does not only for his family but for him and his relationship with the Navy. (NC spouse survey open-ended questions, Respondent 395, June 17, 2016)

Institute guidelines or requirements for how far out a schedule must be locked down by. It seems like admin business is often on top of someone's fulltime job, so things like scheduling fall between the cracks. If the Navy had more fulltime admin staffing, or even had a few "floater" billets, that could be used as subs for short staffed departments when sailors have [temporary duty assignment] or deployments or maternity leave—all regular predictable absences, yet constantly causing scrambling for staff and delays for important admin tasks. Additionally, allowing more flexibility in duration of [permanent change of duty station]. I have [an advanced degree], but it is nearly impossible for me to have a career when we move every few years. And conversations with detailers who make it clear the Navy comes first do not paint an impressive picture for the way in which the Navy values work-life balance, or the careers of

spouses. Why not let some people stay in one place longer? They would become more efficient at their job and could provide a consistent platform and stable base to support the constant personnel churn. My inability to find gainful employment in my career will be the main reason my spouse leaves the Navy. Many officers have highly educated spouses who are vocal with "their sailors" about needing a career in the field they spent decades training in. These sailors are probably the ones the Navy wants to retain, but when sailors have to choose family or Navy, the Navy often loses. (NC spouse survey open-ended questions, Respondent 523, July 17, 2016)

- *What else would you like Navy leaders to know or consider about life-work balance?*

Making sure to be aware of particular stresses that go along with specific jobs and to better suit or designate certain individuals with each one. (NC spouse survey open-ended questions, Respondent 671, July 29, 2016)

My experience has been that my sailor can focus on his work (deployed or not) if he knows that home is taken care of. As his spouse, I do that, and I appreciate the resources the Navy has given me, but more often, I depend on my family, my community and mostly, my "Navy family"—other spouses who understand this life. Sometimes I feel like he balances life better when deployed, but truly he just allows himself to focus on work without the guilt and stress of what is going on at home. This may seem upside down from an outside viewer—yes, he has guilt for not being here for his children's school/life moments, but the mission-centered focus of a deployment forces one to become very structured... even calls home are on a schedule. "Life" doesn't always run on schedule, especially at home, and I'm really not sure what the Navy can do to help with this this transition. I will continue with some thoughts, if you are still reading this, about what has helped our lives to be fuller in the past 29 years together. When we were living overseas, we always looked for ways to get to know our military neighbors, as well as the local people. Feeling part of the community—through cultural exchanges, sports team, travel, etc. are some of the best memories, and we have lifelong friendships from these experiences. Often, the people he worked with became a big part of our social network, and we participated in each other's lives. Maybe that is the secret—actually seeing the purpose and difference he is making through the work. When we were overseas, it was a mini-hometown-[United States of America]...purpose was clear and results were evident. When he was deployed,

purpose/mission was clear, and results were evident. I feel lately the mission of Navy medicine has become unclear. The more muddled the purpose/mission, the more time he spends at work seeking tangible results—which ultimately leads to less time for "life." If a sailor feels like the ship is sinking, his "life" become all about saving the ship, until ultimately he drowns, or jumps off to save himself... to further the metaphor, if he has a family on the ship, he will push them away/off the ship/ to "save" them. Some will leave voluntarily, others will fight, but all will have lost in the end. (NC spouse survey open-ended questions, Respondent 579, July 22, 2016)

I really appreciate that this is a topic being researched. I also think it is commendable how the Navy has led the way among the armed forces for maternity leave benefits and other social policies. Thank you for caring. I think in summary my answer is: more work life balance, please. I realize the navy tries to get away with having as few people as possible do as much as possible, because people are expensive. But it's also expensive to have to retrain people because you can't retain people. Right now, some departments are so short staffed that they aren't allowed to use the leave they have accumulated. Even when it is use it or lose it time. So they are being forced to lose their leave, because the Navy can't staff enough people. I'm not in this situation, but if my spouse wasn't allowed to take leave because the department was short staffed, and we dug in hoping it would get better, only to hear that vacation time got taken away, any talk of work life "balance" would be a joke to me. And you bet I'd be leaning on my spouse to get out immediately. Adding more staff and giving sailors more flexibility in [permanent change of duty station] options would help boost morale more than any [morale welfare and recreation] program in history. (NC spouse survey open-ended questions, Respondent 523, July 17, 2016)

It requires more than platitudes. Why write more, as no one with any authority really plans to do anything with these data other than hold meetings and propose [ideas] at "town hall" meetings or Admiral's Call events that will never come to pass. (NC spouse survey open-ended questions, Respondent 357, June 9, 2016)

As I mentioned above, this day and age the stresses of home and work can create a lot of stress on someone. I think teaching one the need to prioritize, balance, and understand the meaning of "the work will be there tomorrow" when applicable is necessary. That not every situation is life or death. That some things can be let go to handle other more important things, including your home life. (NC

spouse survey open-ended questions, Respondent 395, June 17, 2016)

Although the sample size of the spouses is significantly smaller than the respondent pool, the excerpts above show that many of the LWB concerns of the NC members are brought home to the family. The lack of mention of childcare among the spousal responses was the most significant difference from the NC member responses. Spouses share the burden of long work hours, changing schedules, inflexible time management, and ineffective leadership.

E.   SUMMARY

The results of the survey provided to the NC showed a diverse response rate and provided insight on a number of issues that current active duty personnel see as barriers to LWB. The survey is a distributive example representative of the current numbers regarding gender, rank, and SSC within the active duty NC. After ensuring a representative sample in the respondent population, it was possible to identify broad themes regarding LWB within the survey.

Using visual examples provided by the figures, this study further shows that there was no difference in gender regarding the discussions that followed within the open-ended questionnaire. The NC itself represents a unique ability to look at how LWB affects those on active duty because of the larger proportion of males that reside within this designator. Furthermore, the survey showed that LWB is a concern that is not only felt among females, but among their male counterparts as well, and in the same capacities such as childcare issues, leadership demands, and promotional conflicts when trying to maintain a home life balance.

V. CONCLUSIONS AND RECOMMENDATIONS

A.   SUMMARY

As the NC moves further into a future of innovation and change, we must strive to retain those individuals who are not only competent, but functional in high-stress situations requiring adaptability to the demands of present and future military nursing. Leadership within the NC evolves as it adjusts and nurtures continued retention of experienced officers who exhibit high levels of both performance and management potential. This study specifically focused on the levels of LWB within the NC and whether pending retention difficulties may be affected by the presence or absence of LWB.

While the study did not identify a specific sub-group within the NC experiencing retention difficulty, it did reveal that nurses overall perceive a lack of LWB in the NC. The research also found minimal differences in opinion between men and women; commonalities existed across both genders in all responses provided. This chapter summarizes the findings of the survey and provides recommendations on ways the NC may improve LWB and satisfaction levels among nurses currently serving on active duty and future NC accessions.

Several trends concerning levels of perceived LWB were found through the analysis of the respondents' Likert-scale responses. The intent is to provide deck plate insight regarding the most prevalent issues contributing to an imbalance in military members' LWB. Through the respondents' insight and observations, these thoughts and recommendations can be the first step to larger conversations that will improve the LWB in the NC.

B.   DATA LIMITATIONS

The representative nature of the data is significant enough to draw conclusions and make recommendations regarding LWB to the NC, even though responses represent 23 percent of the total NC population. The researcher did ensure that among the demographic portions of gender, rank, and SSC, a

representative overall number of respondents correlated with the makeup of the entire NC. This is shown in the graphs presented in Chapter IV. While the number is not large enough to surmise absolute statements and interpretations of the Navy as a whole, its representative nature allows insight into practices that affect LWB within the NC.

C.   CONCLUSIONS

This thesis posited several questions regarding LWB and how it affects retention within the NC. Analysis of the data provided by the respondents offers reasonable answers to the initial questions and also points the way to areas for further research. Each conclusion is presented following the question addressed.

1.   What Are the Critical Factors that Affect Life-Work Balance among Nurse Corps Officers?

Among the NC respondents, several factors were identified as being critical to the achievement of LWB. Respondents discussed those factors in detail in the open-ended questionnaire, giving insight on the specifics of how NC members view their own current level of LWB and their potential ability to achieve LWB while in the NC. The most cited reasons for respondents' inability to achieve satisfactory LWB had to do with a lack of transformational leadership, time-management problems, promotion concerns, staffing issues, non-clinical aspects (collateral duties, childcare issues, etc.), and nurses' innate sense of duty and responsibility.

2.   Do These Factors Change as Nurse Corps Officers Gain Experience throughout Their Careers?

The reported factors did not appear to change over time, but nurses reported a shift in how they viewed the importance of LWB as they progressed in their careers. This was most clearly represented in Chapter IV, which compares the importance of LWB to officers at the beginning of their career path and at their current career point.

3. **Does Duty Station or Nursing Assignment within the Nurse Corps Play a Role in Officers Deciding to Withdraw from the Service?**

Overwhelmingly, assignments do a play a part in the decision of members to stay or leave the NC. This was stated in the open-ended responses and is supported by the analysis in Chapter IV regarding a nurse's willingness to accept the next duty assignment based on her or his desire for LWB. This is further supported by both the quantitative and qualitative results showing that members were not inclined to accept orders that benefitted the NC at a detriment to their LWB.

D. RECOMMENDATIONS

Survey respondents identified specific areas of concern regarding LWB with considerable repetition, which is discussed in detail in Chapter IV. This section provides recommendations for the NC to facilitate LWB among its members, support the shift to a more transformational leadership model, and continue a long tradition of successful recruiting and retention efforts.

1. Increasing Transformational Leadership

According to the respondents, NC leadership is currently perceived as more transactional than transformational. Nurses want to feel empowered without feeling like they must always choose between work interactions and home life. In order for nurses to feel valued as active participants in the NC, leadership at local and national levels may benefit from increased communication efforts. Sailors are better able to cope with change and disappointment when information is shared early rather than after a significant change has occurred. Current NC leadership has succeeded in certain areas of increased information sharing and communication efforts but may yet benefit from updated practices. The respondents provided the following leadership interactions that may improve the overall view of leadership:

- Be willing to serve on the floor to experience firsthand the current frustrations and issues being voiced by subordinates.

- Be ready to engage with other leaders for the well-being of their Sailors, even if this means bringing issues to light that have previously gone unattended.

- Be able to capitalize on successful businesses in civilian healthcare or proven programs in the military realm to reshape current leadership seminars and promote TL.

2. Flexible Time Management Initiatives

Respondents' view of the NC's use of time management was not positive. Respondents gave examples such as being unable to take their days off due to additional requirements such as attending trainings or completion of collateral duties. While some clinics are able to set aside a specific work day and time to assist their nurses with the completion of these non-clinical events, this does not translate well to the shift worker. Overwhelmingly, respondents were willing to complete all extra duties if these duties could be limited to scheduled work hours. Flexible time for shift workers is an area for further research, but an initial idea might be to allow self-scheduling. Self-scheduling has been shown to increase an employee's acceptance of less-ideal schedules when they have an increase in control of how this occurs.

An additional method to increase LWB may be to test the validity and productivity of offering adjusted work hours. Civilian institutions have seen increases in productivity when allowing minor fluctuations to the workday. Flexing hours to allow schedules from 6–2, 7–3, or 8–4 should result in the same recognition from leaders as the traditional 9–5 workday. Allowing a shift in work hours may assist Sailors who are struggling with childcare issues resulting in a better balance between life and work.

Although these recommendations are not intended to result in an immediate fix to a longstanding issue, they are intended to open the discussion for ways to incorporate flexible time management resolutions. The NC has

always been at the forefront of change within the Navy and this would be a way to continue that history.

3. Reevaluation of Non-Clinical Issues to Increase LWB

Respondents gave multiple examples of how non-clinical duties and childcare issues interfere with LWB. The non-clinical, or collateral, duties are necessary for the hospitals and clinics to continue to function at the highest standards. Other non-clinical interference comes from a lack of available or affordable childcare. The overall ability of the NC to achieve a higher level of LWB may be amplified by addressing these points and in turn may assist NAVMED with higher levels of patient satisfaction if these practices can be translated across designators.

a. *Collateral Duties*

Although most collateral duties assist with the day-to-day function of medical facilities beyond the clinical treatment of patients, the opinion of the respondents is that some of the duties have been created for the sole purpose of achieving a positive fitness report. A system-wide effort to reevaluate collateral duties may assist in determining which collaterals are outdated or require specific personnel designations based on the number of hours required by a member to complete the task. Flexible work hours could be used to schedule the most demanding collaterals for specific days. This would allow nurses to provide patient care without distracting duties and provide designated days to work on collaterals only. In some cases, it may be possible for the collateral to be accomplished with telework or by civilian nursing staff. These options, while valid, should only be utilized in cases where no undue burden is caused for the remaining staff.

b. *Childcare*

Improving access to childcare is an issue that will require working with constituents outside of the NC. Although some pilot programs have been tried,

shift workers still experience issues. Civilian institutions have increased their ability to compensate and handle childcare for their employees. The military, specifically those components with shift workers, are urged to continue attempts to find ways to compete with civilian employers. By addressing the childcare issue, Navy nursing will be more on par with the attraction of civilian nursing and will be able to continue to attract and retain the most talented nurses.

4. Exploration of Non-Traditional Promotion Pathways

NC respondents currently perceive promotion as only available to those who put work above family. A poll among NC members to ascertain the actual percentage of nurses who would like to participate in a strictly clinical pathway versus an executive pathway may provide beneficial insight to allow innovation of new career choices and milestones. Allowing members to stay in a LT or LCDR status without the possibility of promotion may also allow those who wish to succeed and promote to do so at a faster pace instead of relying on the traditional promotion conduit. This would increase the ability of the NC to promote based on merit and not simply based on time served, as the majority of respondents believe is currently the case.

An additional way to allow for definitive career pathways may be looking at the allowance of an extended duty station for some members. By considering the possibility of lengthening orders beyond the traditional three years' dwell time, the NC would increase continuity of care and structure beyond the reliance the military currently places on contracted civilian nursing staff. This could potentially serve as a way to break out those who would prefer to stay O3/O4 and not be considered for higher positions within the NC. Also, this might allow for a way to fill billets considered undesirable if the NC could decipher how to structure potential six-year orders to be followed by three-year orders to a place that traditionally is hard to fill. There could also be room to review overseas billets by removing the two-year orders for singles and change all orders to three-year

orders to again capitalize on better continuity of care for medical customers and provide opportunities for those who wish to promote.

5. Addressing Areas of Perceived Staffing Shortfall

There is a perceived disconnect between upper leadership and the respondents regarding staffing in the NC. This is an area where the use of transparency and TL to discuss issues and elicit constructive input from those working in the perceived areas of understaffing might allow leadership to better understand nurses' perceptions. Some of the ideas mentioned by the respondents are as follows:

- Allow for consistent and accurate tracking of hours through the DMRSI system to increase or decrease the required billets in an effort to amend any staffing issues.

- Work with areas that consistently have issues with on-call schedules and unreliable non-military staffing to pinpoint the underlying cause.

- Provide updates when manning issues are expected and timelines for reconciliation if possible.

- Explore the idea of self-scheduling to allow nurses to better plan for necessary events outside of work.

Military members understand diligence and increased work demands. Nurses consistently show that they are willing to put work and patient care above their own health and family needs, and this is consistent within NC members as well. Military members do not need constant praise or acknowledgement of hardship, but knowing that everything is being done to make changes for the benefit of all involved would increase understanding and perhaps overall morale. The Nurse Corps has the opportunity to lead the way into the future and to ensure that it has fortified its members with the ability to do so, as well.

E. CONSIDERATIONS FOR FURTHER RESEARCH

This study expounded on a 2015 study by Emanuelsen and Lee, who provided the groundwork for the survey utilized in this research. The current

study incorporated recommendations from the 2015 study and added demographic aspects, but was still limited to open-ended questions for respondents to cite specific reasons for a lack of LWB. Future studies should focus on those areas that were identified as having significant impact on LWB such as childcare issues, promotion concerns, and additional duties beyond the typical workday requirements.

By providing respondents with more direct questions regarding their reasons for unsatisfactory LWB, future studies may benefit from insight into historical motives and be able to provide further changes to increase LWB. In future research, the Navy may also benefit from asking specific questions regarding changes to policies that may alleviate some of the work burden that Sailors experience. This might allow the study to be more quantitatively measurable and provide conclusive insight concerning aids that would increase the Sailors levels of work satisfaction and LWB.

Although this study was limited to the NC, the representative nature of the respondents suggests further research among larger pools of participants. This could assist the Navy with identifying those areas of LWB that represent priority concerns for Sailors to allow for policy review and adjustment. The benefit to the USN could be an increase in overall LWB and growth in the ability to attract and retain the highest levels of talent. As a forward-looking military force, the U.S. Navy's capacity to stay ahead of outside competition is paramount and must be included in all future planning.

APPENDIX A. NURSE CORPS LIFE-WORK BALANCE SURVEY

Instructions
Many questions on the survey will be similar. This is necessary to ensure the accuracy of the results.

Upon completion of the survey you will be invited to forward a link to a similar, shorter (5 min.) survey to a spouse or partner. You may skip this and just click submit to send only your responses. But, we encourage you to invite him/her because we would like to hear suggestions from those who have seen the challenges you face balancing your personal and military roles. Your participation and invitation to another will help us identify ways to better support life-work balance for Navy families.

If you choose to invite another, his/her survey will be linked with your assigned ID number and will also be anonymous. He/she will not be able to see your responses.

Demographics/Background

Q1 What is your age?
Only numbers may be entered in this field.

[   ]

Q2 What is your gender?

○ Female   ○ Male

Q3 What is your rank/paygrade?
Choose one of the following answers

[Please choose... ▾]

Q4 What is your family/marital status?
Choose one of the following answers

[Please choose...   ▾]

Q5 Have you divorced since joining the Navy?

○ Yes   ○ No

Q6 How many dependents do you have that are children under the age of 18?
Only numbers may be entered in this field.

[   ]

Q7 For how many elderly dependents (e.g parents, siblings, grandparents) do you provide care?
Only numbers may be entered in this field.

[   ]

Q8 What is your commissioning source for the Navy?

[   ]

Q9 How many years have you served?
Only numbers may be entered in this field.

[   ]

Q10 How many hours do you work in a typical week?
Only numbers may be entered in this field.

[   ]

Q11 What is your Primary Sub-Specialty Code (SSC)?
Choose one of the following answers

[Please choose...   ▾]

Q12 What is your secondary Sub-Specialty Code (SSC)?
Choose one of the following answers

[Please choose...   ▾]

Q13 What is your tertiary Sub-Specialty Code (SSC)?
Choose one of the following answers

[Please choose...   ▾]

Navy Programs/Practice

NPC Please rate the extent to which you agree with the following statements. (1 through 5 - strongly disagree to strongly agree - and not applicable/no response)

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5	not applicable/no response
The Navy has many programs and policies designed to help employees balance work and child dependent care.	○	○	○	○	○	○
The Navy puts money and effort into showing its support of employees caring for child dependents.	○	○	○	○	○	○
The Navy provides its employees with useful information they need to balance work and child care.	○	○	○	○	○	○

NPE Please rate the extent to which you agree with the following statements. (1 through 5 - strongly disagree to strongly agree - and not applicable/no response)

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5	not applicable/no response
The Navy has many programs and policies designed to help employees balance work and elder dependent care.	○	○	○	○	○	○
The Navy puts money and effort into showing its support of employees caring for elder dependents.	○	○	○	○	○	○
The Navy provides its employees with useful information they need to balance work and eldercare.	○	○	○	○	○	○

Career Decisions A

Dec1 How important was life-work balance to you when you joined Navy Medicine?

not at all important 1	of little importance 2	neutral 3	important 4	very important 5
○	○	○	○	○

Dec2 To what degree did you consider life-work balance when deciding to join Navy Medicine?

not at all 1	a little 2	somewhat 3	very much 4	a great deal 5
○	○	○	○	○

Dec3 To what extent would you have greater life-work balance if you were no longer in the Navy?

much lower 1	lower 2	about the same 3	greater 4	much greater 5
○	○	○	○	○

Dec4 How important was life-work balance when choosing your designator?

not at all important 1	of little importance 2	neutral 3	important 4	very important 5
○	○	○	○	○

Dec5 How important is life-work balance to you now?

not at all important 1	of little importance 2	neutral 3	important 4	very important 5
○	○	○	○	○

Dec6 To what extent have you considered a lateral transfer for life-work balance reasons?

never 1	rarely 2	sometimes 3	often 4	a great deal 5
○	○	○	○	○

Dec7 How important is life-work balance when negotiating follow-on orders?

not at all important 1	of little importance 2	neutral 3	important 4	very important 5
○	○	○	○	○

Dec8 How likely are you to accept a billet that your community values, at the expense of your own work-life balance?

not at all likely 1	probably not likely 2	somewhat likely 3	likely 4	very likely 5
○	○	○	○	○

Dec9 To what extent does your designator care about your life-work balance?

not at all 1	very little 2	somewhat 3	very much 4	a great deal 5
○	○	○	○	○

Dec10 To what extent do your commanding officers care about your life-work balance?

not at all 1	very little 2	somewhat 3	very much 4	a great deal 5
○	○	○	○	○

Dec11 To what extent will life-work balance factor in your decision to separate from the Navy at your next opportunity?

not at all 1	very little 2	somewhat 3	very much 4	a great deal 5
○	○	○	○	○

Career Decisions B

OccReg **Please indicate your level of agreement with the following statements**

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
All in all, I am comfortable with the work choices I have made.	○	○	○	○	○
If I had to do it all over again, there are very few things about my work life that I would change.	○	○	○	○	○
In general, I would say I have few regrets about my past work life.	○	○	○	○	○
I often think about switching occupational paths.	○	○	○	○	○
I am happy about the occupational choice I have made.	○	○	○	○	○
I feel I have made a mistake in going into this line of work.	○	○	○	○	○

ID Please indicate the extent to which you agree with each of the following statements

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I have developed a clear career and professional identity.	○	○	○	○	○
I am still searching for my career and professional identity.	○	○	○	○	○
I know who I am, professionally and in my career.	○	○	○	○	○

IDS Please indicate your level of agreement with these statements

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Being in medicine is more important to my own sense of who I am than being in the military is.	○	○	○	○	○
When I describe myself for the first time to others, I typically speak in terms of being in medicine, but not being in the military.	○	○	○	○	○
Being in medicine defines me more than being in the military does.	○	○	○	○	○
When I describe myself for the first time to others, I typically speak in terms of being in the military and being in medicine.	○	○	○	○	○
Being in the military and being in medicine are of about the same importance to my own sense of who I am.	○	○	○	○	○
Being in the military and being in medicine define me equally well.	○	○	○	○	○

CAMed

CAMed Please indicate your level of agreement with each statement regarding MEDICINE

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I am passionate about being in medicine.	○	○	○	○	○
I enjoy being in medicine more than anything else.	○	○	○	○	○
Being in medicine gives me immense personal satisfaction.	○	○	○	○	○
I would sacrifice everything to continue being in medicine.	○	○	○	○	○
The first thing I often think about when I describe myself to others is that I work in a medical field.	○	○	○	○	○
I would continue to work in medicine even in the face of severe obstacles.	○	○	○	○	○
I know that in some way the medical field will always be a part of my life.	○	○	○	○	○
I feel a sense of destiny about being in medicine.	○	○	○	○	○
Being in medicine is always in my mind in some way.	○	○	○	○	○
Even when not doing activities related to medicine, I often think about the medical field.	○	○	○	○	○
My existence would be much less meaningful without my involvement in medicine.	○	○	○	○	○
Being in medicine is a deeply moving and gratifying experience for me.	○	○	○	○	○

Satisfaction

JS Please choose the appropriate response for each item:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
All in all I am satisfied with my job.	○	○	○	○	○
In general, I don't like my job	○	○	○	○	○

LS Please choose the appropriate response for each item:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
The conditions of my life are excellent.	○	○	○	○	○
I am satisfied with my life.	○	○	○	○	○
So far I have gotten the important things I want in my life.	○	○	○	○	○

CS Please choose the appropriate response for each item:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
I am satisfied with the success I have achieved in my career.	○	○	○	○	○
I am satisfied with the progress I have made toward meeting my overall career goals.	○	○	○	○	○

CaMil

CTM Please indicate the extent to which you agree with the following statements regarding the MILITARY

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I am passionate about being a member of the military.	○	○	○	○	○
I enjoy being in the military more than anything else.	○	○	○	○	○
Serving in the military gives me immense personal satisfaction.	○	○	○	○	○
I would sacrifice everything to continue serving in the military.	○	○	○	○	○
The first thing I often think about when I describe myself to others is that I serve in my country's armed forces.	○	○	○	○	○
I would continue to serve in the military even in the face of severe obstacles.	○	○	○	○	○
I know that in some way the military will always be a part of my life.	○	○	○	○	○
I feel a sense of destiny about being in the military.	○	○	○	○	○
Being a member of the military is always in my mind in some way.	○	○	○	○	○
Even when not doing activities related to the military, I often think about the military or military operations.	○	○	○	○	○
My existence would be much less meaningful without my involvement in the military.	○	○	○	○	○
Serving in my country's military is a deeply moving and gratifying experience for me.	○	○	○	○	○

Expectations

EMP Please choose the appropriate response for each item:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
I believe I could easily obtain a comparable job in the private sector.	○	○	○	○	○
I believe I could easily obtain another job (in the private sector) that is in line with my level of education and experience.	○	○	○	○	○
I believe I could easily obtain another job (in the private sector) that would give me a high level of satisfaction.	○	○	○	○	○

TMed Please choose the appropriate response with regard to your career in MEDICINE:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
I will pursue a career outside the medical field as soon as possible.	○	○	○	○	○
I plan to leave the medical field when the opportunity arises.	○	○	○	○	○
I do NOT plan on leaving a career in the medical field.	○	○	○	○	○

TMil Please respond to each with regard to your career in the MILITARY.

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I will pursue a career outside the military as soon as possible	○	○	○	○	○
I plan to leave the military at my next legal opportunity.	○	○	○	○	○
I do NOT plan on leaving the military when the opportunity arises.	○	○	○	○	○

Balance

Bal1
How much time in a typical week do you spend with your family when on home cycle?

Choose one of the following answers

Please choose...

Bal2 How successful do you feel in balancing your work in the Navy and family life?
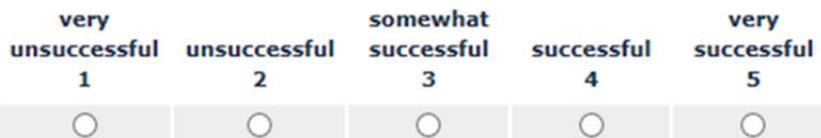
	very unsuccessful 1	unsuccessful 2	somewhat successful 3	successful 4	very successful 5
	○	○	○	○	○

Bal3 How satisfied are you with the balance between your Navy activities and family and home life?

	very dissatisfied 1	dissatisfied 2	neither 3	satisfied 4	very satisfied 5
	○	○	○	○	○

Bal4 During your previous sea/operations tour, to what extent was your life balanced during home cycle?

	not at all 1	unbalanced 2	neutral 3	balanced 4	extremely balanced 5	n/a - I have not had a sea/operations tour 6
	○	○	○	○	○	○
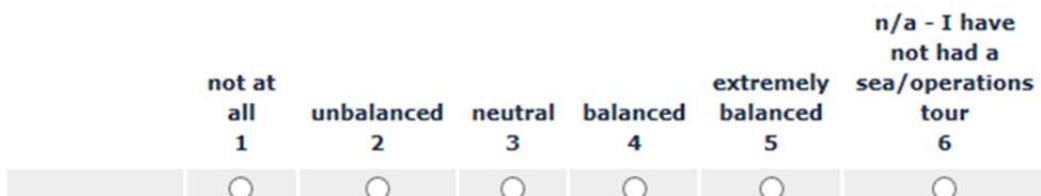
Preferences

Seg Please indicate your level of agreement

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I prefer being able to separate my work and non-work activities	○	○	○	○	○
I want to draw clear boundaries between my work and non-work roles.	○	○	○	○	○
I prefer to integrate my work and non-work lives.	○	○	○	○	○
I prefer to be able to forget about work once I leave the workplace.	○	○	○	○	○
I do not want to think about my family once I am at work.	○	○	○	○	○

WFC

wfc1 The demands of my work interfere with my home and family life.

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
	○	○	○	○	○

wfc2 The amount of time my job takes up makes it difficult to fulfill family reponsibilties.

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
	○	○	○	○	○

wfc3 Things I want to do at home do not get done because of the demands my job puts on me.

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
	○	○	○	○	○

wfc4 My job produces strain that makes it difficult to fulfill family duties.

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
	○	○	○	○	○

wfc5 Due to work-related duties, I have to make changes to my plans for family activities.

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
	○	○	○	○	○

EE Please choose the appropriate response for each item:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
I feel emotionally drained from my work.	○	○	○	○	○
I feel burned out from my work.	○	○	○	○	○
I feel used up at the end of the workday.	○	○	○	○	○

FWC

FWC Please choose the appropriate response for each item:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
The demands of my family or spouse/partner interfere with work-related activities.	○	○	○	○	○
I have to put off doing things at work because of demands on my time at home.	○	○	○	○	○
Things I want to do at work don't get done because of the demands of my family or spouse/partner.	○	○	○	○	○
My home life interferes with my responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime.	○	○	○	○	○
Family-related strain interferes with my ability to perform job-related duties.	○	○	○	○	○

Open Ended Questions

OEQ1
What are the key barriers to your life-work balance?

Please write your answer here:

OEQ2
What could the Navy do to help you achieve better life-work balance?

Please write your answer here:

OEQ3
What else would you like Navy leaders to know or consider about life-work balance?

Please write your answer here:

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APPENDIX B.   SPOUSE SURVEY

Nurse Corp Life-Work Balance - Spouse Survey
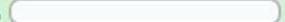
0% [_____] 100%

Consent

*

Thank you for participating in this study. The survey will take about 5-10 minutes. The sailor who invited you to take this survey was assigned a random ID# and all responses will remain completely anonymous.

There is no individual benefit or compensation for your participation, although results will be used to make policy and practice recommendations. Your participation will help us identify ways to better support life-work balance for Navy families.

Your participation is voluntary. If you participate, you are free to skip any questions or stop the survey at any time without a penalty. Your response to the survey will be used responsibly and protected from release to persons not part of the research; however, as with data collected from any research, there is a minor risk that data could be mismanaged. Responses collected will be stored securely on password-protected computers at the Naval Postgraduate School.

If you have questions regarding the research or experience any injury or discomfort associated with the research, contact Kathryn Aten, Ph.D. at kjaten@nps.edu, 831-656-2644. If you have any questions regarding your rights as a research subject, please contact the Naval Postgraduate School IRB Chair, Lawrence G. Shattuck, Ph.D. at 1gshattu@nps.edu, 831-656-2473.

Please click yes to consent and continue.*

○ Yes   ○ No

Instructions

Many questions on the survey will be similar. This is necessary to ensure the accuracy of the results. Many questions will ask you for your thoughts about your Sailor's life-work balance. We are interested in your perceptions. Please answer to the best of your abilities.

Demographics

What is your current employment status?
Choose one of the following answers

Please choose... ▾

Are you dual military?

○ Yes   ○ No

If dual military, please type your Branch and Occupation below:

Preliminary

Please rate the extent to which you agree with the following statements (1 through 5 - strongly disagree to strongly agree, and not applicable/no response).

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5	not applicable/no response
The Navy has many programs and policies designed to help employees balance work and child care.	○	○	○	○	○	○
The Navy puts money and effort into showing its support of employees caring for child dependents.	○	○	○	○	○	○
The Navy provides its employees with useful information they need to balance work and child care.	○	○	○	○	○	○

Please rate the extent to which you agree with the following statements (1 through 5 - strongly disagree to strongly agree, and not applicable/no response).

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5	not applicable/no response
The Navy has many programs and policies designed to help employees balance work and elder care.	○	○	○	○	○	○
The Navy puts money and effort into showing its support of employees caring for elder dependents.	○	○	○	○	○	○
The Navy provides its employees with useful information they need to balance work and elder care.	○	○	○	○	○	○

Please choose the appropriate response for each item:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5	not applicable/no response
My Sailor's life-work balance is much better than I anticipated.	○	○	○	○	○	○
My Sailor has considered a lateral transfer for life-work balance reasons.	○	○	○	○	○	○
My Sailor would have better life-work balance if he/she were not in the Navy.	○	○	○	○	○	○
My Sailor's choice of designator has had a negative impact on our family life.	○	○	○	○	○	○

Life-work balance is extremely important.

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
	○	○	○	○	○

Specifically with reference to life-work balance, based on your experience would you have wanted your Sailor to have chosen a different designator at the outset of his/her career in the Navy?

	not at all 1	not really 2	somewhat 3	very much 4	definitely 5
	○	○	○	○	○

Life-work balance will be an important factor in your Sailor's decision to separate from the Navy at his/her next opportunity.

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
	○	○	○	○	○

Family and Job Demands

Please choose the appropriate response for each item:

	very dissatisfied 1	dissatisfied 2	neutral 3	satisfied 4	very satisfied 5
How satisfied are you with the balance between your Sailor's job and family and home life?	○	○	○	○	○
How satisfied are you with the way your Sailor divides time between work and personal or family life?	○	○	○	○	○
How satisfied are you with the way your Sailor divides attention between work and home?	○	○	○	○	○
How satisfied are you with how well his/her work life and personal or family life fit together?	○	○	○	○	○
How satisfied are you with your Sailor's ability to balance the needs of his/her job with those of his/her personal or family life?	○	○	○	○	○
How satisfied are you with your Sailor's ability to perform home-related duties adequately?	○	○	○	○	○

Work-Family Conflict

Please choose the appropriate response for each item:

	strongly disagree 1	disagree 2	neither agree or disagree 3	agree 4	strongly agree 5
The demands of my Sailor's work-related activities interfere with our home and family life.	○	○	○	○	○
The amount of time my Sailor's job takes up makes it difficult for him/her to fulfill his/her family responsibilities.	○	○	○	○	○
Things my Sailor wants to do at home don't get done because of the demands his/her job.	○	○	○	○	○
My Sailor's job produces strain that makes it difficult to fulfill family duties.	○	○	○	○	○
Due to work-related duties, my Sailor has to make changes to our plans for family activities.	○	○	○	○	○

Sailor's Experience

For each of the following statements, please refer to the Sailor that invited you to complete this survey. We know this may be difficult, but please make your best guess.

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
My Sailor prefers being able to separate his/her work and non-work activities	○	○	○	○	○
My Sailor wants to draw clear boundaries between his/her work and non-work roles.	○	○	○	○	○
My Sailor prefers to integrate his/her work and non-work lives.	○	○	○	○	○
My Sailor prefers to be able to forget about work once he/she leaves the workplace.	○	○	○	○	○
My Sailor does not want to think about family once he/she is at work.	○	○	○	○	○
My Sailor will pursue a career outside the military as soon as possible	○	○	○	○	○
My Sailor plans to leave the military at the next legal opportunity.	○	○	○	○	○
My Sailor does NOT plan on leaving the military when the opportunity arises.	○	○	○	○	○
In most ways, my Sailor's life is close to ideal.	○	○	○	○	○
The conditions of my Sailor's life are excellent.	○	○	○	○	○
My Sailor is satisfied with his/her life.	○	○	○	○	○
My Sailor will pursue a career outside the medical field as soon as possible.	○	○	○	○	○

My Sailor plans to leave the medical field when the opportunity arises.	○	○	○	○	○
My Sailor does NOT plan on leaving a career in the medical field.	○	○	○	○	○
All in all, my Sailor is satisfied with his/her job.	○	○	○	○	○
In general, my Sailor doesn't like his/her job.	○	○	○	○	○

Again, please refer to your Sailor when responding. Please select only one option.

	being in the military but not being in medicine	being in medicine, but not being in the military	both being in medicine and being in the military	neither being in medicine nor being in the military
1) When my Sailor describes him/herself for the first time to others, he/she typically speaks in terms of:	○	○	○	○

Please select only one:

	being in the military	being in medicine
Which of the following groups appears to be more important to your Sailor's sense of what describes him/her as a unique individual?	○	○

What are the key barriers to your Sailor's life-work balance?

Please write your answer here:

What could the Navy do to help your Sailor achieve better life-work balance?

Please write your answer here:

What else would you like Navy leaders to know or consider about life-work balance?

Please write your answer here:

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